MAXIMUS Federal Services

Case Number:	CM15-0168049		
Date Assigned:	09/08/2015	Date of Injury:	07/24/2014
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 26 year old male sustained an industrial injury on 7-24-14. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain. Previous treatment included physical therapy and medications. Magnetic resonance imaging lumbar spine (3-7-15) showed degenerative disc disease with desiccation and signal loss at L5-S1 accompanied by an annular tear and focal central disc protrusion not displacing the L5 ganglion of S1 nerve root. Electromyography and nerve conduction velocity test bilateral lower extremities (3-17-15) were normal. In PR-2's dated 1-13-15 and 2-10-15, the injured worker complained of pain rated 8 to 10 out of 10 on the visual analog scale. In a PR-2 dated 3-3-15, the injured worker complained of pain 6 out of 10 with radiation to the right calf. Physical exam was remarkable for tenderness to palpation in the paraspinal musculature with range of motion: flexion 80 degrees, extension 10 degrees and bilateral lateral bend 20 degrees with negative straight leg raise, negative Fabere's and intact sensation at L4, L5 and S1 distribution. The injured worker was initiated on Tylenol #3. In a PR-2 dated 4-8-15, the injured worker complained of pain 6-7 out of 10. In a physical therapy evaluation dated 7-23-15, the injured worker complained of pain 5-8 out of 10. In a PR- 2 dated 8-17-15, the injured worker complained of ongoing low back pain. The injured worker had completed 7 out of 12 physical therapy sessions, which gave him only temporary relief. The injured worker continued to work on a modified level. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature, negative straight leg raise and Fabere with range of motion: flexion 80 degrees, extension 10 degrees and bilateral lateral bend 20 degrees, 5 out of 5 motor strength and 2+ Achillles and patella reflexes. The

treatment plan included completing physical therapy and a prescription for Tylenol #3. On 8-26 15, Utilization Review noncertified a request for Tylenol #3 sixty count with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tylenol #3 sixty count with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tylenol #3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on prior opioids including Tramadol and currently Tylenol #3 for several months. Recent pain scores have been increasing indicating tolerance. There was no mention of Tylenol (alone), NSAID, Tricyclic or weaning failure. The continued use of Tylenol #3 is not medically necessary.