

Case Number:	CM15-0186869		
Date Assigned:	09/28/2015	Date of Injury:	12/26/2013
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 is a 28-year-old male with a date of injury on 12-26-2013. A review of the medical records indicates that the injured worker is undergoing treatment for C2, C4, C7, T1 and T2 spinous process fractures, C2, C4, T4, T5, T6 vertebral body fractures and first and second rib fractures. Medical records (5-6-2015 to 7-30-2015) indicate ongoing neck and back pain rated 2 to 4 out of 10. He reported 50% relief from medications. Per the treating physician (7-30-2015), the injured worker has not returned to work; his disability status was temporarily partially disabled. The physical exam (7-30-2015) revealed limited range of motion of the cervical spine; however, improved from the last visit. There was mild tenderness to palpation over the cervical and thoracic spines. There was limited range of motion of the lumbar spine with spasms. Treatment has included acupuncture, physical therapy, chiropractic treatment, cervical medial branch block and medications (Tylenol #3 since at least 1-7-2015). The original Utilization Review (UR) (8-31-2015) modified a request for Tylenol #3 from #60 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tylenol No. 3 #45: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/30/15. Therefore, the determination is not medically necessary.