

<b>Case Number:</b>	CM15-0197786		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### CLINICAL CASE SUMMARY

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

The injured worker is a 55 year old female, who sustained an industrial injury on 10-23-01. The injured worker has complaints of low back and lower extremity pain. The documentation on 9-22-15 noted that the injured worker two weeks prior was seen in the emergency department due to a severe pain exacerbation and was given intravenous dilaudid which did bring her pain back under control. The injured worker has difficulty with activities of daily living such as walking standing driving and cooking for herself at home. Medications proved her with partial pain relief. The injured workers gait appears to be antalgic and anterior lumbar flexion causes pain and there is pain noted with lumbar extension. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included trigger point injection; toradol injections; norco; ambien; valium and acetaminophen. The original utilization review (9-29-15) non-certified the request for acetaminophen 325mg quantity 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen 325 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen. Decision based on Non-MTUS Citation Acetaminophen (paracetamol): Drug information. Topic 9242, version 153.0. UpToDate, accessed 11/20/2015.

**Decision rationale:** Acetaminophen is a medication in the general pain relief class. It is FDA-approved to treat temporary minor aches, pains, headaches, and fevers. The MTUS Guidelines support its use in the first-line treatment of lower back pain and in the treatment of mild or moderate pain due to osteoarthritis of the hip, hand, and knee, especially in those who cannot tolerate or safely take anti-inflammatory medications. However, there is some recent literature suggesting acetaminophen may not be as helpful in treating lower back pain as had once been thought. The side effects and potential complications of acetaminophen should be weighed against its benefits, and an individualized risk assessment should be made. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that goes into the legs with stiffness. The submitted recorded pain assessments most recent to the request were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. Further, these records were unclear but suggested the worker was also taking a combination pain medication that included acetaminophen, which could lead to inadvertent excessive doses. For these reasons, the current request for 120 tablets of acetaminophen 325mg is not medically necessary.