

<b>Case Number:</b>	CM15-0199312		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/31/1987
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: California, Oregon, Washington  
 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 injured worker is a 56 year old male who reported an industrial injury on 8-31-1987. His diagnoses, and or impressions, were noted to include: thoracic fusion with discectomy (1989); lumbar fusion (1991); lumbar back pain, unchanged; chronic pain due to injury; chronic pain syndrome, unchanged; opioid dependence; and ulcerative colitis with blood in stool and colonic polyp (removed). No imaging studies were noted. His treatments were noted to include: 2 back surgeries; numerous nerve blocks; and medication management with urine toxicology screenings (9-8-15). The progress notes of 9-8-2015 reported: presenting for medication refills; pain rated 3-4 out of 10 that day, stating he was doing pretty good; that his pain was worse at night time, increasing to a 5-6 out of 10, resulting in interfering with his sleep, awakening after every 30-40 minutes; occasional, non-radiating numbness-tingling in his feet-ankles; and of a 1 year history of ulcerative colitis, having very little blood in his stools, that he was taking a timed-released type of aspirin, and that he was awaiting results of his recent colonoscopy with polyp removal. The objective findings were noted to include: limited range-of-motion in the lumbar spine; a pill count of his Buprenorphine 8 mg tablets; and having been on a 30 day trial of Acetaminophen 500 mg, 2 pills 3 x a day, x 1 month (30 days). The physician's requests for treatment were noted to include Acetaminophen 500 mg, take 2 pills 3 x a day, x 1 month (30 days), #180 with 5 refills. The Request for Authorization, dated 9-8-2015 was for Buprenorphine 8 mg sub-lingual tablets only. The request for authorization dated 6-15-2015 noted Acetaminophen 500 mg, 2 pills 3 x a day for 1 month, with 5 refills. The Utilization Review of 9-21-2015 non-certified the request for Acetaminophen 500 mg, #180 with 5 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen 500mg quantity 180 with five refills:** 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 rationale:** Per CA MTUS Chronic Pain Medical Treatment Guidelines (Pain Interventions and Treatments): "Acetaminophen (APAP): Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case- by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." The CA MTUS continues to list indications for the use of APAP, which include osteoarthritis of the hip, knee and hand and chronic lower back pain. In this case, there is no evidence of the CA MTUS-specified indications for the use of APAP. Thus, the request is not medically necessary.