MAXIMUS Federal Services

Case Number:	CM15-0203992		
Date Assigned:	10/20/2015	Date of Injury:	06/12/2014
Decision Date:	12/02/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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 56 year old man sustained an industrial injury on 6-12-2014. Diagnoses include post-concussive syndrome, cervicalgia with regional myofascial pain, chronic pain syndrome, and mood disorder with features of depression and anxiety. Treatment has included oral medications, acupuncture, and physical therapy. Physician notes dated 8-17-2015 show complaints of neck and back pain. The physical examination shows emotional lability and depression, "diminished" range of motion in the neck, "significant" painful trigger points around the neck and left shoulder, and diminished sensation to pinprick in the left upper extremity. Recommendations include Effexor XR, functional restoration program, Tramadol, Tylenol, and follow up in one month. Utilization Review denied a request for Tramadol on 10-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Pap extra strength 500mg qty: 1: 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): 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.