

Case Number:	CM15-0206886		
Date Assigned:	10/23/2015	Date of Injury:	09/09/2014
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina
 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 9-9-14. The documentation on 9-16-15 noted that the injured worker has complaints of low back pain extending into his left leg. The injured workers pain is an 8 out of 10 and is described as hot, burning, shooting pain with associated tingling, burning and muscle spasms. The pain is made worse with sitting, lying down, climbing and descending stairs. The pain is improved with walking and pain pills. Lumbar spine examination revealed normal alignment and curvature and normal muscle tone and bulk. There was decreased range of motion secondary to pain past 45 degrees of flexion, 20 degrees of extension and 25 degrees of lateral bending and rotation. There was mild to moderate pain in the paravertebral musculature from the right lumbar area down to the sacrum. The injured worker had mild sacroiliac tenderness. There was pain with manipulation of the left leg. Electromyography and nerve conduction study on 2-16-15 was normal. Lumbar spine magnetic resonance imaging (MRI) on 11-19-14 revealed extensive multilevel degenerative changes of the lumbar spine, multilevel spinal canal and neural foraminal compromise; there were multiple disc bulges of 3 to 5 millimeter from L1 to S1 (sacroiliac) and there was facet hypertrophy and canal stenosis throughout. The diagnoses have included lumbosacral spondylosis. Treatment to date has included tylenol #3; trigger point injections and home exercise program. The injured worker reports the 2 tylenol #3 per day does not reduce his pain enough. The original utilization review (9-25-15) non-certified the request for tylenol #3, #90 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Tylenol #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.