

Case Number:	CM15-0020145		
Date Assigned:	02/09/2015	Date of Injury:	01/27/2013
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male who reported injury on 01/27/2013. The mechanism of injury was not specified. His diagnoses include thoracic sprain, lumbar sprain, and lumbosacral/thoracic radiculitis. Past treatments include medication, chiropractic therapy, and acupuncture. On 07/21/2014, the injured worker stated he had temporary relief with his recent chiropractic therapy; however, remained symptomatic. He also indicated he was not able to increase activity level and has not returned to work as light duties are not available. The physical examination revealed tenderness to palpation to the thoracic spine and lumbar spine. The pelvic and hip examination revealed no tenderness or pain present. The injured worker was indicated to have patchy decrease sensation in the lower extremities in the L5 distribution. The treatment plan included 6 acupuncture therapy visits and pain management evaluation. The treatment plan also included Tylenol No. 3. A rationale was not provided. The Request for Authorization form was submitted on 08/01/2014. His relevant medications were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol no. 3 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Tylenol no. 3 300/30mg #60 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker was noted to have been prescribed Tylenol No. 3 upon examination. However, there is lack of documentation in regard to ongoing monitoring for the opioids such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behavior. Furthermore, there was lack of documentation to indicate the medical necessity for the use of acetaminophen as the injured worker was not noted to have osteoarthritis. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.