MAXIMUS Federal Services

Case Number:	CM15-0020598		
Date Assigned:	02/10/2015	Date of Injury:	09/10/2013
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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: Ohio, North Carolina, Virginia
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 was a 38 year old female, who sustained an industrial injury, September 10, 2013. According to progress note of November 18, 2014, the injured workers chief complaint was back pain. Right and left lateral bends at 20 degrees causes extreme pain, left greater than the right. Straight leg raising was negative on the right and left at 80 degrees. The physical exam noted diffuse tenderness in the lumbar spine left greater than the right. The injured worker was diagnosed with lumbar strain/sprain, low back derangement with degenerative disc disease and facet arthropathy, multilevel, constipation, depression and obesity. The injured worker previously received the following treatments pain medication, physical therapy, laboratory studies and antidepressant medication. On December 11, 2014, the primary treating physician requested authorization for prescription for Tylenol #3 300/30mg #60. On January 6, 2015, the Utilization Review denied authorization for prescription for Tylenol #3 300/30mg #60.The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No 3 300/30 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment for pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if pain and functional status improve and/or the injured worker has regained employment. In this instance, the injured worker was take off Norco and started on Tramadol on 7-6-2014 for reasons that could not be gleaned from the record. She evidently did well on tramadol with substantial reductions in pain levels and improved functional status on the tramadol. It seems that on or about 10-24-2014 the tramadol was discontinued and tylenol #3 was started. Since then, her pain levels are recorded at 6-7/10 but it is not known what effect the Tylenol #3 has on the pain and for what duration. There seems to be no mention of functional status since the change from tramadol to tylenol #3. Because pain relief and functional improvement cannot be ascertained since changing medication, Tylenol No 3 300/30 mg #60 is not medically necessary.