MAXIMUS Federal Services

Case Number:	CM15-0212272		
Date Assigned:	11/02/2015	Date of Injury:	04/27/2010
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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

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 54 year old male, who sustained an industrial injury on 4-27-2010. Diagnoses include chronic neck and upper extremity pain, multilevel disc protrusion and cord flattening of cervical spine, chronic low back pain status post lumbar fusion. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. On 9-30-15, he complained of ongoing pain rated 10 out of 10 VAS in the neck and low back. Currently prescribed medications were noted to have been denied and therefore not used, and he reported using Tylenol and Motrin over-the- counter, the effectiveness of which was not documented. The previous prescribed medication on 8-5-15, documented failed treatment with Lyrica, Cymbalta, and Gabapentin, and a new order for Percocet 10-325mg, two daily, however, it was not filled. The record documented a CT Myelogram of the cervical spine, on 6-18-15, revealed multilevel disc protrusion "with deformity and fanning of the cord." The physical examination documented cervical and lumbar spine muscle tenderness and hyperflexion of bilateral patellar tendons. The plan of care included a prescription for Tylenol #3, three to four tablets daily #120. The appeal requested authorization for Tylenol Number 3, #120. The Utilization Review dated 10-14-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 quantity 120: Overturned

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): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Tylenol #3 quantity 120. The treating physician report dated 9/30/15 (24B) states; He continues to struggle with 10/10 on a 1 to 10 scale pain. They continue to deny all his medications at the pharmacy. The only thing he is taking is Tylenol and Motrin over-the-counter. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The medical records provided do not show a history of Tylenol #3 use. The treating physician is prescribing Tylenol #3 for the patient's acute severe pain. In this case, the MTUS guidelines support a trial of opioids. The current request is medically necessary.