

Case Number:	CM15-0221850		
Date Assigned:	11/17/2015	Date of Injury:	08/11/2010
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/11/2015

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: Indiana, Michigan, California
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 32 year old male who experienced a work related injury on August 11, 2010. Diagnoses include low back pain, myospasms with myofascial trigger points, lumbar radiculopathy, lumbar sprain and strain with spinal stenosis, displacement and degeneration of thoracic and lumbar intervertebral disc, contusion of back, lumbosacral neuritis or radiculitis. Diagnostics have involved a lumbar MRI on March 14, 2014 revealing disc bulging with central annular tear and moderate foraminal stenosis and neurodiagnostic studies completed July 21, 2014, which were normal. Treatment consisted of medications, TENS unit, Home exercise program, physical therapy and lumbar epidural injection. The request is for Tylenol number 3, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60: 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): Codeine, Opioids (Classification), Opioids for chronic pain.

Decision rationale: Tylenol number 3 is considered a pure-agonist opioid and as such is used for a several types of pain. In this case, the opioid is being used for chronic low back pain. MTUS Guidelines state there is no evidence that opioids show long-term benefit or improvement in function when used as treatment for chronic low back pain. The guidelines also state that opioids appear to be efficacious but limited for short-term pain relief and long-term efficacy is unclear. Records review gives no indications that there has been improvement in functioning and pain, which are measures of when to continue opioids. Based on the above issues, the request for Tylenol number 3 is not medically necessary and appropriate.