

Case Number:	CM15-0032084		
Date Assigned:	02/25/2015	Date of Injury:	11/01/2006
Decision Date:	04/03/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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: Arizona, 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 52 year old male, who sustained an industrial injury on November 1, 2006. The diagnoses have included status post two level arthrodesis. Treatment to date has included home exercise program (HEP) and medications. Currently, the injured worker complains of ongoing aching and stabbing pain in the low back, with constant radiation to the left lower extremity with constant tingling and numbness. The Primary Treating Physician's request dated January 21, 2015, noted the injured worker ambulating with the assistance of a cane. Physical examination was noted to show tenderness in the paraspinal musculature of the lumbar region on the left, with midline tenderness in the lumbar region, with tenderness to the mid low back to the upper thoracic area. The injured worker was noted with motion loss, decreased sensation at the L4 and L5 dermatomes. The injured worker was noted to have received an intramuscular injection of Toradol, tolerating the procedure well with no noted complications. On February 18, 2015, Utilization Review non-certified Tylenol No.4 #90 with three refills, noting the injured worker had been using opioids for an extended period of time, with no evidence of improved function despite the long term use of opioids, therefore the request was modified to approve Tylenol No.4 #68 with the remaining #22 and the three refills non-certified. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Tylenol No.4 #90 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No.4 #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Codeine (Tylenol with Codeine); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Tylenol #4 contains a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term-use has not been supported by any trials. In this case, the claimant had been on hydrocodone for over a year without significant improvement in pain or function. No one opioid is superior to another. The pain scale remained 8/10. The continued use of Tylenol #4 is not medically necessary.