MAXIMUS Federal Services

Case Number:	CM15-0033942		
Date Assigned:	02/27/2015	Date of Injury:	02/05/2012
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 28-year-old male, who sustained a work/ industrial injury on 2/5/12. He has reported symptoms of low back pain, left hip pain, and right knee pain. Prior medical history includes gastrointestinal upset due to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) use. The diagnoses have included lumbosacral sprain/strain, radiculitis on the right side, L4-5 posterior disc protrusion with annular tear, anxiety, and bilateral ankle sprain/strain. Treatments to date included medication, chiropractic care, and epidural steroid injections. Diagnostics included an Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/20/14 that revealed L4-5 3-4 mm posterior disc protrusion with a likely annular tear but no effect on the exiting nerve root. Medications included Motrin, Prilosec, and Tylenol #3. The treating physician's report (PR-2) from 1/20/15 indicated decreased lumbar range of motion, tenderness to left greater than right lumbar paraspinals, positive bilateral Kemp's, positive right straight leg raise, normal strength and sensation at L4, 5, and S1, 2+ bilateral patellar and Achilles deep tendon reflexes. A request was made for Tylenol #3. On2/5/15, Utilization Review non-certified a Tylenol #3 (r) acetaminophen and codeine phosphate tablet, Qty 90, 1 tablet every 8 hrs as needed, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 (r) acetaminophen and codeine phosphate tablet, Qty 90, 1 tablet every 8 hrs as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: The attached medical record indicates that the injured employee has been previously prescribed Tylenol #3 and has been weaned off of this medication. Additionally, the progress note dated December 15, 2014 indicates that current medications include both Motrin and Prilosec and these are stated to be beneficial for his pain. Considering the success of current medications and that the injured employee has previously been weaned from Tylenol #3, this request to restart Tylenol #3 is not medically necessary.