

Case Number:	CM15-0034231		
Date Assigned:	02/27/2015	Date of Injury:	03/07/2014
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
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

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 46 year old female, who sustained an industrial injury on 03/07/2014. She has reported subsequent back and lower extremity pain and was diagnosed with lumbar spine sprain and strain, disc protrusion and left lower extremity radiculopathy. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 12/11/2014, the injured worker complained of persistent and increasing pain and stiffness to the lumbar spine radiating to the left leg. Objective physical examination findings were notable for tenderness to palpation, spasms and reduced range of motion. A request for authorization of Tylenol #3 was made. On 02/11/2015, Utilization Review modified a request for Tylenol #3 from 60 tablets to 45 tablets, noting that there was documentation of the response to pain control and functional improvement and that the medication should be weaned. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30mg, 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated pain of the lumbar spine which radiates into the left lower extremity, and associated numbness and tingling to the extremity. The patient's date of injury is 03/07/14. Patient has no documented surgical history directed at this complaint. The request is for TYLENOL #3 300/30MG 60 TABLETS. The RFA is dated 02/03/15. Physical examination dated 12/11/14 reveals tenderness to palpation of the lumbar paraspinal muscles and left sacroiliac region, positive straight leg raise on the left at 50 degrees. Neurological examination reveals decreased light touch sensation in the lower extremity. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In regards to the request for Tylenol 3 for this patient's lower back pain, treater has not provided adequate documentation to continue its use. This patient has been receiving Tylenol 3 since sometime before 10/22/14, though the exact date of initiation is not clear. The subsequent progress notes do not document analgesia, functional improvement, or provide a discussion of aberrant behavior. Furthermore, no consistent urine drug screens are provided. Given the lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.