

Case Number:	CM15-0052788		
Date Assigned:	03/26/2015	Date of Injury:	05/03/1985
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old male injured worker suffered an industrial injury on 05/03/1985. The diagnoses included lumbar disc herniation and depression. The diagnostics included lumbar spine magnetic resonance imaging. The injured worker had been treated with medications and lumbar fusion. On 2/6/2015 the treating provider reported excruciating lumbar back pain. She had difficulty arising from a chair due to obvious pain in the lower back. There was restricted range of motion and tenderness in the lumbar muscles. The treatment plan included Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 1 PO Q4-6h #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #4, one tablet by mouth every 4 to 6 hours #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's relevant working diagnoses are chronic intractable low back pain with L2 - L3 this herniation; status post L4 - L5 discectomy and fusion; chronic radicular symptoms and an L5 - S1 distribution depression; and chronic right shoulder pain. The date of injury is May 3, 1985 (30 years prior). A September 17, 2014 progress note shows the injured worker was taking Tylenol #3 with inadequate pain control. On October 13, 2014, Tylenol #3 was increased to Tylenol #4. Treatment with Tylenol #4 resulted in inadequate pain control. In a February 6, 2015 progress note, Tylenol #4 still provided inadequate pain relief. The documentation did not provide evidence of objective functional improvement with ongoing Tylenol #4. Consequently, absent clinical documentation with objective functional improvement with ongoing Tylenol #4 use, Tylenol #4, one tablet by mouth every 4 to 6 hours #180 is not medically necessary.