MAXIMUS Federal Services

Case Number:	CM15-0060688		
Date Assigned:	04/06/2015	Date of Injury:	08/12/1991
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 injured worker is a male, who sustained an industrial injury on August 12, 1991. He reported low back pain. The injured worker was diagnosed as having chronic low back pain and buttock pain requiring pain management, chronic lumbar discogenic pain associated with lumbar spondylosis/degenerative disc disease and rheumatoid arthritis. Treatment to date has included diagnostic studies, TENS unit, medications and activity modifications. Currently, the injured worker complains of chronic low back pain. The injured worker reported an industrial injury in 1991, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted Tylenol was effective as an adjuvant drug with other pain medications. Evaluation on March 11, 2015, revealed continued chronic back pain with good response to pain medications and Tylenol. Tylenol was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain & Fever 500mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 11.

Decision rationale: According to the MTUS, acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. There has been some discussion lately in regard to the dose of acetaminophen, but it is recommended by the MTUS for acute and chronic pain except in those with liver disease. Patient reports good pain relief with the use of Tylenol, uses it only for an as-needed basis, and is not currently utilizing any other NSAID's or narcotics. I am reversing the previous utilization review decision. Tylenol Pain & Fever 500mg #60 is medically necessary.