

Case Number:	CM15-0081276		
Date Assigned:	05/04/2015	Date of Injury:	09/25/2009
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female, who sustained an industrial injury on September 25, 2009. She reported neck and arm pain. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued pain in the neck and shoulders, severe in intensity, radiating to the arms. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 24, 2014, revealed continued pain as noted. She started physical therapy however noted there was no improvement and the pain became severe. Evaluation on February 6, 2015, revealed continued pain as noted. She reported trying to take only small doses of medication. Pain medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, 30/300 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tylenol #3, 30/300 mg Qty 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract. There is no evidence of significant functional improvement or pain relief on prior Tylenol #3. The request for continued use of Tylenol #3 is not medically necessary.