

Case Number:	CM15-0084677		
Date Assigned:	05/06/2015	Date of Injury:	04/30/2003
Decision Date:	06/30/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 04/30/2003. According to a progress report dated 01/19/2015, subjective complaints included depression, changes in appetite, sleep disturbance, lack of motivation, changes in weight, decreased energy, difficulty thinking, weight loss/weight gain, excessive worry, tension, anticipation of misfortune, feeling "keyed up" or on edge, inability to relax, pressure, chest pain, nausea, suspicion, paranoia, difficulty falling asleep, tension headache, muscle tension, difficulty staying asleep, increased pain, erectile dysfunction, peptic acid reaction and bowel dysfunction. Improvement in symptoms included better concentration, less time in bed, less isolation and less anger. The treatment plan included Tylenol #4, Xanax, Prosom, and Atarax. Currently under review is the request for Tylenol No. 4 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No.4, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Tylenol #4 contains a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #4 for several months without indication of pain scores. Failure of Tylenol or NSAIDS was not noted. The continued use of Tylenol #4 is not medically necessary.