

Case Number:	CM15-0085179		
Date Assigned:	05/07/2015	Date of Injury:	07/07/2014
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
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: Pennsylvania, Ohio, 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 35-year-old female, who sustained an industrial injury on July 7, 2014, incurring back and right leg injuries after a slip and fall. She was diagnosed with a cervical sprain, thoracic sprain and lumbar sprain. Treatment included X rays, anti-inflammatory drugs, pain medications, and chiropractic sessions without improvement, physical therapy and transcutaneous electrical stimulation unit and work restrictions. In September 2014, she was referred to an orthopedic specialist and was continued on anti-inflammatory drugs and physical therapy. Magnetic Resonance Imaging of the thoracic spine was unremarkable. The injured worker complained of ongoing 5-7/10 right shoulder, right lower and mid back and hip pain that radiates down into the right lower extremity. She remained at work due to her employer not accommodating restrictions. The treatment plan that was requested for authorization included a prescription for Tylenol with Codeine #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78, 89.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.