

Case Number:	CM15-0241764		
Date Assigned:	12/18/2015	Date of Injury:	04/18/2007
Decision Date:	01/22/2016	UR Denial Date:	12/07/2015
Priority:	Standard	Application Received:	12/11/2015

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: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67-year-old man sustained an industrial injury on 4-18-2007. Diagnoses include pars interarticularis defects at L4-L5 with grade II spondylolisthesis. Treatment has included oral medications including Tylenol #3 (since at least 5-2015) and home exercise program. Physician notes dated 11-24-2015 showed complaints of low back pain. The physical examination shows reduced lumbar lordosis with mild paraspinal spasms from L3 to the sacrum, positive straight leg raise bilaterally, and decreased sensation in the medial aspect of the right calf. Recommendations include continue activities as tolerated, Tylenol #3, and follow up in six months. Utilization Review modified a request for Tylenol #3 on 12-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #50 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This 67 year old male has complained of low back pain since date of injury 4/18/1967. He has been treated with physical therapy and medications to include opioids since at least 05/2015. The current request is for Tylenol #3. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Tylenol #3 is not indicated as medically necessary.