

<b>Case Number:</b>	CM14-0126002		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/12/2000
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on October 12, 2000. The mechanism of injury is noted as falling 4 feet off scaffolding. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of bilateral elbow pain and left lower extremity pain. Pain is rated at 8/10 without medications and 2/10 with medications. Current medications include gabapentin, nortriptyline, and Ambien. The physical examination demonstrated decreased lumbar spine range of motion with spasms and tenderness along the lumbar spine and facets. There was pain with facet loading at L3 - L4 and L4 - L5. Examination of the elbow revealed a positive Tinel's test over the cubital tunnel, decreased range of motion, and a positive golfer's elbow test. There was also decreased range of motion of the wrist bilaterally and tenderness over the TFCC. There was a positive Allen's test and Tinel's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee below the knee amputation, a lumbar spine nerve block at L3 - L4 and L4 - L5, and oral medications. A request had been made for Q-Pap 500 mg and was not certified in the pre-authorization process on July 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-PAP (unboxed) extra strength 500mg every 6 hours PRN: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11, 13, 49.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Acetaminophen, Updated September 30, 2014.

**Decision rationale:** Q-Pap is extra strength acetaminophen at 500 mg. According to the official disability guidelines acetaminophen is recommended for the treatment of acute pain, chronic pain, and acute exacerbations of chronic pain. Considering this, and the injured employees diagnosis, this request for Q-Pap is medically necessary.