

Case Number:	CM14-0165817		
Date Assigned:	10/10/2014	Date of Injury:	03/26/1990
Decision Date:	11/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/08/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 69 years old female with an injury date on 03/26/1990. Based on the 08/18/2014 progress report provided by [REDACTED], the diagnosis is: 1. Lumbar degenerative joint disease. According to this report, the patient is brought in by her husband today reporting "flare up of back pain, muscle spasm." The pain radiates down the left leg with burning sensation. Pain is rated at a 9/10 today, 4/10 with medication, a 10/10 without medication. The patient "reports 50% reduction in her pain, 50% functional improvement with medication versus not taking them at all." Physical exam shows the patient was in forward-flexed antalgic posture. Rigidity in the lumbar truck muscle was notes. There diminished sensation to light touch and pinprick over the left lateral calf and bottom of foot. Patient's treatment history includes lumbar laminectomy at L4-5 with ongoing left radicular symptom, lumbar RF ablation, bilateral knee replacement with revision x3 to the left knee, stage 2 breast cancer mastectomy and EMG left lower extremity revealing chronic L5 radiculopathy. There were no other significant findings noted on this report. The utilization review denied the request on 09/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/31/2014 to 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol QTY: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications ,non-steroidal anti-inflammatory drugs Page(s): 60,61,22,67,68.

Decision rationale: According to the 08/18/2014 report by [REDACTED] this patient presents with a "flare up of back pain, muscle spasm." The patient "reports 50% reduction in her pain, 50% functional improvement with medication versus not taking them at all." The treater is requesting Tylenol Qty: 120. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show the patient has "50% reduction in her pain" with medication. The requested Tylenol #120 appears reasonable and consistent with MTUS guidelines. Recommendation is for authorization.