

Case Number:	CM15-0009146		
Date Assigned:	01/27/2015	Date of Injury:	10/02/2013
Decision Date:	05/29/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male who reported an injury on 10/02/2013. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine on 10/18/2013. The injured worker's medications were noted to include steroids, anxiety medications, and opioids. The injured worker was noted to be utilizing Tylenol No. 3 since at least 12/2013. The documentation of 01/07/2015 revealed the injured worker had persistent severe back pain, as well as disabling radicular pain down the left posterior lateral leg. The injured worker was taking medications for his pain, including Tylenol No. 4 approximately 2 to 4 per day. The injured worker had objective limited flexion of the lumbar spine. The injured worker had a positive straight leg raise on the left giving his left pain. The treatment plan included physical therapy and surgical intervention. Additionally, the treatment plan included Tylenol No. 4. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol With Codeine 1/2 grains 1 PO Q6hr PRN Count #120 For Weaning To Discontinue Over A Weaning Period of 2-3 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above and the lack of documentation, the request for Tylenol with codeine 1/2 grains 1 PO Q6hr PRN count #120 for weaning to discontinue over a weaning period of 2-3 months is not medically necessary.