

Case Number:	CM15-0115721		
Date Assigned:	06/23/2015	Date of Injury:	07/12/2011
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

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 52-year-old female, who sustained an industrial injury on 7/12/2011. She reported a slip and fall, landing on her left knee and injuring her back and left leg. The injured worker was diagnosed as having chronic lumbar sprain/strain, lumbar disc herniation per magnetic resonance imaging, at L5-S1 to 6mm and at L4-5 to 3mm, lumbar radiculopathy, and electromyogram and nerve conduction studies with left L5-S1 radiculopathy, status post left knee arthroscopy. Treatment to date has included diagnostics, lumbar epidural steroid injections, physical therapy, modified work, and medications. Currently, the injured worker complains of significant low back pain with radiation to the left lower extremity. Medications decreased pain and allowed function throughout the day. Tylenol #3 was significantly helpful but caused some hoarseness of her voice. Cymbalta greatly improved her anxiety and depression, and helped neuropathic symptoms as well. The use of Tylenol #3 was noted since at least 11/2014. Pain was rated 3/10 with medication use and 7/10 without. There were no side effects of medications other than dyspepsia and gastritis, controlled with Protonix. Urine toxicology (2/26/2015) was reported as consistent with prescribed medications. She was documented as considerably obese, with recommendation for weight loss to optimize results to her low back condition. The treatment plan included continued medications. The progress report (5/11/2015) noted modified work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 300-30 mg #30 (med 4. 5): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in July 2011 and gait used to be treated for radiating low back pain. Medications are referenced as decreasing pain from 7/10 to 3/10 with improved function including being able to continue to work without restrictions. When seen, her BMI was over 40. There was decreased lumbar spine range of motion with facet pain. There was abnormal left lower extremity sensation. Medications included Tylenol #3 at a total MED (morphine equivalent dose) of less than 10 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved function including continuing to work without restrictions. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.