

Case Number:	CM15-0121290		
Date Assigned:	07/08/2015	Date of Injury:	04/10/2014
Decision Date:	09/01/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old, female who sustained a work related injury on 4/10/14. The diagnoses have included lumbosacral neuritis/radiculitis, lumbago and chronic pain syndrome. Treatments have included medications, physical therapy, chiropractic treatments, acupuncture, TENS unit therapy, ice/heat therapy, home exercises and traction. In the Follow-up Visit Note dated 5/7/15, the injured worker complains of lower back pain. She rates her pain level a 4/10. She has pain that radiates to the right leg. On physical examination, she has decreased range of motion in the lumbar spine. She has tenderness to palpation of the paravertebral muscles on the right side and with the spinous processes. She has a positive right straight leg raise at 90 degrees in a sitting position. She states the medications are less effective. She has a side effect of abdominal pain. "With the current medication regimen, her symptoms are adequately managed." There is no documentation of working status in this Visit Note. The treatment plan includes a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol Extra-Strength 500 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

Decision rationale: Per CA MTUS guidelines, Acetaminophen (Tylenol) is "Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. In the past many low back pain guidelines recommended acetaminophen as a first-line treatment but recent systematic reviews either failed to find evidence to support the view that acetaminophen was effective for the treatment of non-specific low back pain (Davies, 2008) or found that there was only "fair" quality evidence to support use vs. "good" quality evidence for NSAIDs." A side effect of Acetaminophen can be acute liver failure from overdose of the medication. She was taking Tylenol Extra Strength (ES) in a visit note dated 1/13/15. She stated it was not helping her pain. She was switched to Tramadol in a note dated 2/18/15 and this was discontinued in a note dated 4/3/15. She was switched to Naproxen and Tylenol ES on 4/3/15. Due to abdominal pain, the Naproxen was discontinued in note dated 5/7/15. There is no documentation of an improvement in functional capabilities with the use of Tylenol ES. Since functional capacity improvement is not documented, the requested treatment of Tylenol ES is not medically necessary.