

Case Number:	CM15-0125963		
Date Assigned:	07/10/2015	Date of Injury:	05/01/2013
Decision Date:	09/15/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 65-year-old male, with a reported date of injury of 05/01/2013. The mechanism of injury was the pulling of lumber off a rack which weighed approximately 30-40 pounds. The injured worker's symptoms at the time of the injury included a sharp pain in the lower back. The diagnoses include bilateral facet hypertrophy at L2-L5, and posterior disc bulge at L1-2, L3-4, and L5-S1. Treatments and evaluation to date have included acupuncture with temporary relief, oral medications, chiropractic treatment, and physical therapy with temporary relief. The diagnostic studies to date have included x-rays of the lumbar spine; and an MRI of the lumbar spine in 06/2013 which showed a large disc protrusion. The progress report dated 05/19/2015 was handwritten and somewhat illegible. The report indicates that the injured worker had back pain, rated 3-4 out of 10. The pain was described as constant pain and discomfort with prolonged standing and sitting. The objective findings include no tenderness to palpation of the lumbar spine, lumbar spine range of motion with pain, positive straight leg raise test, and local lumbar spine pain. The treatment plan included Tylenol #3, one tablet by mouth every 6-8 hours. The injured worker's work status was documented as temporary total disability. The treating physician requested Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 tablets QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine and Opioids Page(s): 35 and 74-96.

Decision rationale: Tylenol #3 is a combination of acetaminophen and codeine. The CA MTUS Chronic Pain Guidelines indicate that codeine is "recommended as an option for mild to moderate pain." Codeine is an opiate, and in combination with acetaminophen is classified as schedule III. The guidelines also indicate that "tolerance as well as psychological and physical dependence may occur." Abrupt discontinuation after prolonged use of codeine may result in withdrawal. The injured worker has been taking Tylenol #3 since at least 01/27/2015. The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. Therefore, the request for Tylenol #3 is not medically necessary.