

Case Number:	CM15-0178121		
Date Assigned:	09/18/2015	Date of Injury:	04/14/2009
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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, California
 Certification(s)/Specialty: Family Practice

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 year 56 old male, who sustained an industrial-work injury on 4-14-09. He reported initial complaints of back pain and left heel tenderness. The injured worker was diagnosed as having myofascial pain syndrome, chronic pain syndrome, lumbar disc injury, lumbosacral radiculopathy and lumbosacral sprain-strain injury. Treatment to date has included medication, ice-heat packs, and exercises. Currently, the injured worker complains of continued pain. Per the primary physician's progress report (PR-2) on 7-29-15, exam noted no utilization of assistive devices for ambulation, positive lumbar spine pain and tenderness and myofascial tightness, painful range of motion of the lumbar spine and deep tendon reflexes that are equal in bilateral lower extremities, positive straight leg raise on the right, equal musculoskeletal strength bilaterally, tenderness in the left foot over the heel and positive plantar fasciitis symptoms. Current plan of care includes continuing Tylenol #3 medication, exercises, cold-hot packs. The Request for Authorization date was 8-7-15 and requested service included Tylenol No. 3 #60. The Utilization Review on 8-11-15 partially modified-denied the request due to use as a short-term regimen with documentation of functional response through clear and quantifiable measures, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tylenol #3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Tylenol #3 for over 2 years without consistent documentation of pain trend scores to determine response. There was no mention of Tylenol (alone), NSAID, Tricyclic or weaning failure. At one point Lodine was prescribed but response to medication is unknown. The continued use of Tylenol #3 is not medically necessary.