

Case Number:	CM15-0077950		
Date Assigned:	04/29/2015	Date of Injury:	03/07/2014
Decision Date:	06/01/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 46-year-old female sustained an industrial injury on 3/7/14. She subsequently reported low back pain. Diagnoses include lumbar disc protrusion with radiculopathy on the left. Treatments to date have included injections and prescription pain medications. The injured worker continues to experience chronic low back pain. Upon examination, there were muscle spasms, tenderness to palpation over muscles of the sacral area as well as a positive straight leg raise test on the left at 50 degrees. The treating physician made a request for Tylenol #3 medication. On 3/19/2015, there was subjective complaints of low back pain radiating down to the lower extremities associated with numbness and tingling sensation. The medications listed are Norco 5/325mg, Zanaflex and Tylenol # 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioid can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with other medications. The records indicate that the patient is utilizing 2 short acting opioid medications concurrently. There is no documentation of the guidelines required compliance monitoring of UDS, absence of aberrant drug behavior, CURES data reports and functional restoration. There is no record of failure of first line NSAIDs or non-opioid co-analgesics such as anticonvulsants and antidepressants that the guidelines recommend for the treatment of radiculopathic pain. The criteria for the use of Tylenol 300mg/30mg #60 was not medically necessary.