

<b>Case Number:</b>	CM15-0078532		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: California

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 23 year old female who sustained an industrial injury on 03/01/2013. The injured worker has low back pain and bilateral leg pain. Diagnoses include lumbar stenosis, low back pain, intervertebral disc derangement, and diabetes. Treatment to date has included diagnostic studies, medications, and home exercise program. A physician progress note dated 03/04/2015 documents the injured worker has tenderness to palpation over the mid and lower paravertebral muscles. Range of motions is flexion to 20 degrees, 20 degrees right lateral bending, and 15 degrees left lateral bending, 20 degrees right lateral rotation, 20 degrees left lateral rotation and extension 10 degree. There is increased pain with lumbar motion. There is patchy decreased sensation in the bilateral lower extremities most notably in the L5 and S1 distribution. The injured worker is pending surgery once her diabetes is under control. Treatment requested is for Tylenol #3, 30 tablets. She continued to work until light duties were ended by the employer. Pain relief is reported to be about 15% from meds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, 30 tablets:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, functional support and not aberrant drug related behaviors. This individual meets these criteria. Her use of opioids is very limited, she obtains some pain relief, she continued to work light duties and there are no drug related aberrant behaviors. Under these circumstances, the Tylenol #3, QTY 30 is supported by Guidelines and is medically necessary.