

Case Number:	CM15-0099687		
Date Assigned:	06/02/2015	Date of Injury:	09/25/1996
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/24/2015

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: New Jersey, New York
 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 is a 67-year-old male, who sustained an industrial injury on September 25, 1996, incurring low back injuries. He was diagnosed with lumbosacral disc disease. Treatment included anti-inflammatory drugs, narcotics, antidepressants, physical therapy, home exercise program, and work restrictions. Currently, the injured worker complained of constant severe low back pain with radiation into the left leg down into the heel of the left foot with decreased range of motion. He was diagnosed with chronic lumbosacral strain. The treatment plan that was requested for authorization included one prescription for Tylenol with Codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tylenol with Codeine #4, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tylenol #3 is not medically necessary. Tylenol #3 contains codeine and acetaminophen. The chart does not provide any documentation of improvement in pain and function with the use of Tylenol #3. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of Tylenol #3, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the request is considered not medically necessary.