

<b>Case Number:</b>	CM13-0026046		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar sprain associated with an industrial injury on November 2, 2010. Treatment to date includes oral analgesics, physical therapy, acupuncture, TFESI, L5-S1 decompression surgery. Utilization review dated September 13, 2013 modified request for Tylenol #3 300/30mg q12h for pain from #60 to #30 due to no documentation of objective functional improvement, timing and frequency of intake, as well as relevant adverse drug reactions. There was also no indication of plans to taper the medication dosage over time. Medical records from 2013 were reviewed. Submitted documents contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility. A progress report dated August 16, 2013 showed persistent complain of low back pain radiating to the bilateral lower extremities causing numbness, burning and tingling usually on the left leg. April 1, 2013 physical examination of the low back revealed trigger points in the lumbar paraspinous and buttock musculature. Range of motion from the waist is 45 degrees of flexion, 20 degrees of extension, and 20 degrees of bilateral tilt. Lower extremity examination shows normal deep tendon reflexes at the knees, only trace positive at the right ankle and absent at the left ankle. Weakness to left foot flexion and extension is seen with dullness to nailbed pressure on all toes of the left foot, worse at the great toe. Straight leg raising test positive on the left and negative on the right. The patient is authorized with 12 PT sessions and has completed 9 sessions based on a progress report on August 16, 2013. Patient was prescribed with Remeron, however discontinued it due to feeling drugged the next day. He stated that Tylenol q12 taken on an as needed basis helped reduce the pain and helped with the sleep disturbance. The patient is also taking Anaprox however failed to provide adequate relief. Fexmid was helpful for spasms. Dosages and frequency of intake of Remeron, Anaprox and Fexmid were not provided. It was noted on a

progress report dated March 25, 2013 that the patient was also prescribed with Norco. A progress report dated May 6, 2013 stated that his medications have adverse effects but did not state which.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TYLENOL #3 300/30MG 1 PO Q12 PRN PAIN #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug List..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 35,80.

**Decision rationale:** Tylenol #3 (Tylenol with Codeine) is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, the patient started taking opioids (Norco) as far back as March 2013. He was then noted to take Tylenol on a progress report dated August 16, 2013, however frequency and duration of opioid intake was not provided. It was not clear whether the patient is still taking Norco or discontinued it and switched to Tylenol #3. There was also no indication of plans to taper the medication dosage over time. Long term use is not recommended. There is no discussion to add another opioid or to recommend Tylenol over Norco. Therefore, the request for Tylenol #3 300/30mg 1 PO Q12 PRN for pain #60 is not medically necessary.