

<b>Case Number:</b>	CM13-0032263		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/24/2010
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Texas. 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 physician 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 reported an injury on 04/24/2010, secondary to repetitive typing. The patient is diagnosed with C5-6 herniated nucleus pulposus, right C6 radiculopathy, and right paracervical and trapezius myofascial pain and spasm. The patient was recently seen by [REDACTED] on 11/26/2013. The patient reported ongoing pain in the neck, right upper extremity, and right shoulder. The patient is actively participating in physical therapy. Physical examination revealed 2 points of focal spasm and tenderness with positive trigger points in the right paracervical muscle and right trapezius muscle as well as decreased cervical range of motion. Treatment recommendations included continuation of current medications including Tylenol No. 3 and Flexeril, as well as additional physical therapy and a repeat cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 74-82.

**Decision rationale:** California MTUS Guidelines state codeine is recommended as an option for mild to moderate pain. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesic. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized Tylenol No. 3 as needed for pain. Despite ongoing use, the patient continues to report persistent pain in the neck and right upper extremity. There is no change in the patient's physical examination that would indicate functional improvement. As satisfactory response to treatment has not been indicated, the ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.