

<b>Case Number:</b>	CM13-0061298		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/05/2002
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 5, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar spine surgery in 2002; and muscle relaxants. In a utilization review report of November 25, 2013, the claims administrator has partially certified Tylenol No. 3, reportedly for weaning purposes. The applicant's attorney subsequently appealed. An earlier note of November 13, 2012 is notable for comments that the applicant is using Motrin, Soma, Tylenol No. 3, and Zantac. The applicant's work status was not clearly detailed. A later physical therapy note of January 4, 2013 is notable for comments that the applicant has been off of work since surgery and also has issues with depression. On May 14, 2013, the attending provider described that the applicant is carrying a diagnosis of failed back syndrome. The applicant states that her pain has improved with analgesics. The attending provider states that the applicant is using Tylenol No. 3 once a day for pain relief and is doing home exercises, which include walking and stretching. The applicant is doing housework and performing other activities of daily living. She did exhibit 5/5 lower extremity strength. Motrin, Tylenol No. 3, Soma, Zantac, and home exercises were endorsed. On March 7, 2013, the attending provider stated that the applicant has been using all of the aforementioned medications for some time and that these medications were keeping her symptoms in check and seemingly facilitating performance of activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No.3 #30 with 2 refills:** Overturned

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

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, the applicant seemingly meets 2 of the 3 aforementioned criteria. While the applicant has not returned to work, she does report appropriate analgesia and improved ability to perform activities of daily living as a result of ongoing opioid usage. Continuing Tylenol No. 3, on balance, is therefore indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified on independent medical review.