

<b>Case Number:</b>	CM14-0016402		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	05/17/1995
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This patient is a 77-year-old female with a date of injury of 05/17/1995. The listed diagnoses per [REDACTED] are: 1. Degeneration of lumbar or lumbosacral intervertebral disease. 2. Spondylosis of unspecified site without myelopathy. 3. Esophageal reflux. 4. Hip joint replacement. According to report dated 01/22/2014 by [REDACTED], the patient presents with continued right hip cramps. The patient continues with right hip pain and cramping of the left leg and foot. Pain is rated as 6-8/10 and occasionally flares to 9-10/10. The patient's medication includes aspirin, Prilosec, and Tylenol with codeine No. 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL W/CODEINE #3 ONE TABLET BID PRN PAIN #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60 and 61.

**Decision rationale:** This patient presents with chronic hip pain. The treating provider is requesting a refill of Tylenol with codeine No. 3 #60. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last

assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, activities of daily living (ADLs), adverse side effects and aberrant drug-seeking behavior. Medical records indicate the patient has been prescribed Tylenol No. 3 since 01/25/2013. Review of records from 01/25/2013 to 01/22/2014 does not provide any discussions on the efficacy of this medication. Although the treater does provide a numerical scale to assess the pain, the treater does not provide "pain assessment" as required by MTUS. Recommendation is for denial.