

<b>Case Number:</b>	CM14-0126339		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/02/1985
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Occupational 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 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 injured worker is a 51 year old woman who was involved in a work related injury from 12/2/85. The injured worker lifted some boxes leading to chronic low back pain. The injured worker was treated with physical therapy and facet injections and was using the drugs Soma and Tylenol with codeine. The request was made for Tylenol #3. The injured worker was seen on 4/17/14 complaining of a flare up of back pain. The exam is hard to read but it states that the injured worker had tenderness from L4 to the sacrum, and back pain only with straight leg raising test. The injured worker was given some Tylenol #3, and was to return in 6 months, or as needed.

### 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 Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**Decision rationale:** It appears that this injured worker was given medication for a flare up of pain. However, it does not appear that any other class of drugs was utilized. Specifically, the

injured worker was treated with opiates and it is not clear if the injured worker's pain could have been treated with a non-opioid analgesic, as noted in the Medical Treatment Utilization Schedule (MTUS). Per the Medical Treatment Utilization Schedule, "A therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Before initiating therapy, the injured worker should set goals, and the continued use of opioids should be contingent on meeting these goals." Therefore, guidelines are not supportive of this and the request is not medically necessary.