

<b>Case Number:</b>	CM14-0046166		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a male who reported an injury on 08/20/2013, the mechanism of injury and date of birth were not disclosed. On 03/21/2014, the injured worker presented with low back pain. Upon examination of the thoracolumbar spine, the injured worker is less anxious, there was tenderness over the low back, and motor strength and sensation were intact with a good gait. The diagnoses for low back strain with underlying degenerative lumbar disc disease. Prior treatment included medications. An x-ray of the lumbar spine revealed L5 spondylolisthesis and grade 1 anterolisthesis of L5-S1 with degenerative disc space narrowing on 03/10/2014. The provider recommended Tylenol with Codeine with a quantity of 30, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol with codeine #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guideline recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, complete and adequate pain assessment was not provided. The provider's request does not indicate the dose or frequency of the medication in the request as submitted. As such, the request is not medically necessary.