

<b>Case Number:</b>	CM14-0126106		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	07/30/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38-year-old male, who sustained an industrial injury on 9/21/2013. He reported injury of the low back, hips and lower extremities. The injured worker was diagnosed as having lumbar spine strain/left lumbar radiculopathy, lumbar disc protrusion, mild degenerative changes of both knees, and tear of the lateral meniscus of the right knee. Treatment to date has included medications, x-ray, and magnetic resonance imaging. The request is for Tylenol #3. He has been utilizing Tylenol #3 since at least June 2014. On 7/21/2014, the records indicate he has been self-treating and has had no improvement. The treatment plan included discussion of various treatment options, request for functional restoration therapy, request for functional capacity evaluation, and Tylenol #3, and Orudis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 300/30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in September 2013 and continues to be treated for knee and low back pain. Medications include Tylenol #3. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan and the claimant appears to be becoming more dependent in terms of medical care usage. There is no documentation of a satisfactory response to Tylenol #3. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Tylenol #3 was not medically necessary.