

<b>Case Number:</b>	CM14-0200519		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/03/1985
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, 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 62 year-old patient sustained an injury on 5/3/1985 while employed by [REDACTED]. Request(s) under consideration include Tylenol #4 QTY#180. Diagnoses included chronic low back pain/ leg radicular symptoms; chronic right trochanteric bursitis; chronic right shoulder pain; history of bladder cancer; hypertension, Meniere's disease s/p L4-5 lumbar discectomy and fusion; s/p right shoulder arthroscopy in 10/14/13. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted continued lower back pain with plan for spinal cord stimulator placement. Exam showed unchanged findings of limited lumbar range in flex/ext of 10/5 degrees; paralumbar tenderness diffusely from L2-S1 with bilateral SI and right trochanteric tenderness. Treatment plan included continued medications including Tylenol #4 to increase physical and psychosocial functioning. The request(s) for Tylenol #4 QTY#180 was non-certified on 11/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 QTY#180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** This 62 year-old patient sustained an injury on 5/3/1985 while employed by [REDACTED]. Request(s) under consideration include Tylenol #4 QTY#180. Diagnoses included chronic low back pain/ leg radicular symptoms; chronic right trochanteric bursitis; chronic right shoulder pain; history of bladder cancer; hypertension, Meniere's disease s/p L4-5 lumbar discectomy and fusion; s/p right shoulder arthroscopy in 10/14/13. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted continued lower back pain with plan for spinal cord stimulator placement. Exam showed unchanged findings of limited lumbar range in flex/ext of 10/5 degrees; paralumbar tenderness diffusely from L2-S1 with bilateral SI and right trochanteric tenderness. Treatment plan included continued medications including Tylenol #4 to increase physical and psychosocial functioning. The request(s) for Tylenol #4 QTY#180 was non-certified on 11/13/14. Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of codeine is also not warranted without demonstrated functional improvement. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tylenol #4 QTY#180 is not medically necessary and appropriate.