

<b>Case Number:</b>	CM14-0066118		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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: Maryland

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

### 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 35 year old male sustained an industrial injury on 10/26/11. He subsequently reported neck and back pain. Diagnoses include cervical and lumbar radiculopathy and cervical strain. Treatments to date include x-ray, nerve conduction and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience chronic neck and low back pain. On examination, lumbar and cervical spine ranges of motion are restricted. Tenderness is noted at the rhomboids and trapezius and Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Paravertebral muscles are tender to palpation and straight leg raising test is positive on the right side sitting at 35 degrees. A request for Prescription of Acetaminophen-Cod #3 medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Acetaminophen-Cod #3 300-30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** 1 Prescription of Acetaminophen-Cod #3 300-30mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued Acetaminophen-Cod #3 is not medically necessary.