

<b>Case Number:</b>	CM15-0107026		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: New Jersey, Alabama,  
 California  
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 49 year old female who sustained an industrial injury on 06/25/2012. The injured worker was diagnosed with left shoulder contusion, left shoulder impingement and left elbow lateral epicondylitis. The injured worker underwent a left cubital tunnel release on January 7, 2015. Treatment to date includes diagnostic testing, steroid injections to the left shoulder, surgery, physical therapy and medications. According to the primary treating physician's progress report on May 7, 2015, the injured worker continues to experience left shoulder pain with some improvement in motion with therapy. Examination demonstrated no significant tenderness over the surgical site of the cubital tunnel with normalization in sensation in the ring and small fingers. The left shoulder revealed modest tenderness and crepitance with positive impingement sign and modest improvement in range of motion. Maximal tenderness was noted over the supraspinatus tendon. Current medications are listed as Celebrex and Tylenol #3. Treatment plan consists of continuing with medications and shoulder therapy and the current request for renewal of Tylenol with codeine 300/30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 3, 300/30mg, take 1 tablet every 8 hours, Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids analgesic Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Tylenol#3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no documentation of reduction of pain and functional improvement with previous use of Tylenol #3. There is no clear documentation of the efficacy/safety of previous use of Tylenol #3. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the prescription of Tylenol#3 #90 is not medically necessary.