

<b>Case Number:</b>	CM15-0130312		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: California

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 45 year old female who sustained an industrial injury on 8/25/13 to her back. She currently complains of lumbar spine pain with radiation to the mid back. The pain level was 8/10. Physical exam of the lumbosacral spine reveals diffuse myofascial tenderness on palpation with spasm in the paraspinal region with decreased range of motion and positive straight leg raise. Medications were Flexeril, Tramadol, indomethacin, Prilosec, Tylenol #3. On 5/22/15 a urine toxicology test showed inconsistent results. Diagnoses include discogenic cervical pain; cervical radiculopathy; lumbar radiculopathy; myofascial pain syndrome. Treatments to date include trigger point injections; medications; home exercise program; acupuncture. In the progress note dated 2/20/15 the treating provider's plan of care included a request for Tylenol #3 noting doing well with long term pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 as needed for pain, quantity unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Tylenol #3, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol #3 is not medically necessary.