

<b>Case Number:</b>	CM15-0131610		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 a 60-year-old male, who sustained an industrial injury on September 30, 2009. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included epidural injection (cervical and lumbar), medication, inversion table, yoga, and MRI. Currently, the injured worker complains of neck pain rated at 5 on 10 without medication and 0-3 on 10 with medication. He reports the pain can radiate to his forearms (bilaterally) and is causing sleep disturbance. The injured worker is diagnosed with rotator cuff syndrome, annular tear-displacement disc, and cervical degenerative joint disease without myelopathy, sacroiliac sprain and rib-intercostal sprain. The injured worker is retired. In a note dated May 29, 2015, it states the injured worker is experiencing pain relief from the epidural injection, medication regimen, inversion table and yoga. Due to the documented efficacy of the injured worker's medication regimen, Tylenol #4 is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 (unspecified quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-80.

**Decision rationale:** Regarding the request for Tylenol #4 (codeine/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Tylenol #4 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 further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain from 5/10 to 0-3/10. However, there is no documentation regarding improvement in function, no documentation regarding side effects, 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 #4 (codeine/acetaminophen) is not medically necessary.