

<b>Case Number:</b>	CM15-0134178		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 York  
 Certification(s)/Specialty: Anesthesiology

### 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 28 year old female who sustained an industrial injury on 02/28/2014. Current diagnoses include cervical sprain/strain, herniated nucleus pulposus, anxiety, and insomnia. Previous treatments included medications, X-force solar care device, and physical therapy. Previous diagnostic studies include lumbar spine MRI and electrodiagnostic study. Initial injuries occurred when the injured worker slipped and fell and injured her neck and back. Report dated 06/02/2015 noted that the injured worker presented with complaints that included severe back pain that radiates into the right leg, more than the left, and mild neck pain. The injured worker is currently not working. Current medication regimen included Tylenol #4, Naprosyn, Prilosec, and topical creams. Pain level was not included. Physical examination was positive for neck pain, stiffness, decreased range of motion in the back, and bilateral positive straight leg raises. The treatment plan included renewing medications which included Tylenol #4, Prilosec, Naprosyn, and Topical creams, request for epidural steroid injections, and follow up in 6 weeks. Disputed treatments include Tylenol #4 and 1 lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Acetaminophen (APAP); Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Codeine, Opioids section Page(s): 1, 35, 74-96.

**Decision rationale:** According to the California MTUS Guidelines, Tylenol with Codeine is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. Tylenol #4 has twice as much codeine as Tylenol #3. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**One lumbar epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections.

**Decision rationale:** According to the CA MTUS, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. According to the CA MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient has low back pain with pain into the right lower extremity. However, there are no reported neurological findings or reported pain in a dermatomal pattern consistent with radiculopathy. In addition,

there is no lumbar level requested for the ESI. Medical necessity for the requested lumbar ESI has not been established. The requested ESI is not medically necessary.