

<b>Case Number:</b>	CM15-0137920		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 58-year-old female, who sustained an industrial injury on 11/26/2012. She reported falling onto her left side with immediate pain and inability to weight bear; she was found to have a displaced left femoral neck fracture. Diagnoses have included lumbar facet joint pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, chronic left knee pain and chronic left hip pain. Treatment to date has included physical therapy and medication. Surgical history includes left total hip replacement and left total knee replacement. According to the progress report dated 6/24/2015, the injured worker complained of bilateral low back pain. She was status post diagnostic bilateral L4-L5 and bilateral L5-S1 facet joint medial branch blocks, which provided 90 percent improvement and increased range of motion 30 minutes after the injection and lasting for greater than two hours. She rated her pain as five out of ten. Physical exam revealed tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and bilateral L5-S1 facet joints. Lumbar ranges of motion were restricted by pain in all directions. The treatment plan was for bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation. Authorization was requested for Tylenol #3. The medication list includes Tylenol #3, Celebrex, and Protonix. The patient had received an unspecified number of the PT visits for this injury. The past medical history includes GERD. A recent urine drug screen report was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, 90 tablets:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use, On-going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

**Decision rationale:** Request : Tylenol #3, 90 tablets. Tylenol #3, 90 is an opioid analgesic According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." She reported falling onto her left side with immediate pain and inability to weight bear; she was found to have a displaced left femoral neck fracture. Diagnoses have included lumbar facet joint pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, chronic left knee pain and chronic left hip pain. Surgical history includes left total hip replacement and left total knee replacement. According to the progress report dated 6/24/2015, the injured worker complained of bilateral low back pain. Physical exam revealed tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and bilateral L5-S1 facet joints. Lumbar ranges of motion were restricted by pain in all directions. The pt has had a significant injury (fracture of the femur) along with a history of a total hip and a knee replacement. She also has objective abnormal exam findings in the back. She has conditions that cause chronic and are prone to intermittent exacerbations. She is already taking a anti-inflammatory medication. She has been prescribed a low potency opioid. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of pain on an as needed/ prn basis. The medication Tylenol #3, 90 tablets is medically necessary and appropriate in this patient.