

<b>Case Number:</b>	CM15-0141480		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

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 40 year old female, who sustained an industrial injury on July 1, 2011. Treatment to date has included H-wave therapy, TENS unit, physical therapy, medications and acupuncture therapy. Currently, the injured worker complains of constant low back pain which is aggravated with bending, lifting, twisting, pushing, pulling, prolonged standing and walking multiple blocks. Her pain is characterized as being sharp and she reports radiation of pain to the bilateral lower extremities. She notes that the pain is worsening and that she rates the pain an 8 on a 10-point scale. On physical examination the injured worker has tenderness to palpation over the lumbar paravertebral muscles with spasm. Seated nerve root test is positive and her standing flexion and extension range of motion are guarded and restricted. Her coordination and balance are intact. She has numbness and tingling in the L4-L5 dermatomal pattern. The diagnoses associated with the request include the treatment plan includes continuation of Relafen, Prevacid, Ondansetron, Cyclobenzaprine, Tramadol and Lunesta, EMG-NCV of the bilateral lower extremities, and pending lumbar spine surgery. A request was received for acetaminophen- codeine for symptoms related to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen/Codeine 300mg/60mg (Tylenol #4), one by mouth every 6-8 hours as needed for severe pain, quantity 60 refill not documented for symptoms related to the lumbar:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in July 2011 and continues to be treated for radiating back pain. When seen, pain was rated at 8/10. There was decreased lumbar spine range of motion with muscle spasms and tenderness. Seated straight leg raising was positive. There was decreased lower extremity strength. Tramadol ER was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Being requested is authorization for Tylenol #4. The total MED is less than 50 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Tylenol #4 is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.