

<b>Case Number:</b>	CM15-0161497		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/10/2001
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 64 year old male who sustained an industrial injury on 09-10-2001 resulting in injury to the low back. Treatment provided to date has included: physical therapy, lumbar epidural steroid injections (LESI), medications, and conservative therapies/care. Recent diagnostic testing has include: MRI of the lumbar spine (07-2015) showing slight increase of facet joint disease at the left L5-S1, regional lower lumbar levoscoliosis of 12-13 degrees centered at L4-5 with advanced discogenic degenerative changes and right osteophytes at L4-5, stable vertebral body hemangioma in the left L4 vertebral, slight L2-3 left foraminal stenosis with small osteophyte and low grade bilateral facet joint disease, small left L2-3 lateral disc osteophyte with mild right foraminal stenosis and low grade facet joint disease, and stable moderate facet arthropathy with ligament flava in-folding with moderate right lateral recess and foraminal narrowing resulting in possible contact with the right L5 and exiting right L4 nerve root, and moderate left L5-S1 facet joint disease. There were no noted comorbidities or other dates of injury noted. On 07-28-2015, physician progress report (PR) noted that the injured worker was being seen for a routine follow-up with complaints of increased symptoms to the lumbar spine and right lower extremity since last office visit (07-07-2015). The injured worker denied any new trauma or injury. The increased symptoms were not specified. Current medications were not specified; however, PRs dated 06-01-2015 reported medications consisting of Flexeril, Diclofenac and Thermacare wraps. Although Tylenol #3 was not listed specifically on some of the PRs, there were several requests for authorization over the last 6 months that included requests for Tylenol #3. The PR dated 07-07-2015 showed the exact same findings and

treatment plan as the current PR. The physical exam revealed tenderness and spasms in the lumbar spine, decreased range of motion (ROM) in the lumbar spine, and diminished sensation using a pin-wheel to the right lower extremity. The provider noted diagnoses of .displacement of intervertebral disc (site unspecified) without myelopathy, and rotator cuff syndrome. Plan of care includes updated MRI of the lumbar spine, possible repeat LESIs, replacement Therabands for the shoulder HEP (home exercise program), continuation of all current medications (including Tylenol #3 one every 6 hours max 4 per day), and follow-up as needed to review MRI. The injured worker's work status remained permanent and stationary. The request for authorization and IMR (independent medical review) includes: Tylenol #3 Qty 120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol #3 Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with codeine, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured 14 years ago in 2001 resulting in injury to the low back. As of July, there were increased symptoms to the lumbar spine and right lower extremity since last office visit. The injured worker denied any new trauma or injury. The increased symptoms were not specified. Current medications were not specified. There is mention however of a continuation of all current medications (including mention of Tylenol #3 one every 6 hours max 4 per day) so this is continued Tylenol #3 usage. Objective functional improvement, and work status is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.