

<b>Case Number:</b>	CM15-0168650		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 male, who was injured on 11-7-2014. The request is for Tylenol number 3 (Codeine 30-Acetaminophen 300). The UR reported dated 8-7-2015 provided non-certification of Tylenol # 3 (codeine 30-acetaminophen 300), one tablet by mouth every 8 hours as needed for lumbar pain #90. The medical diagnoses included: thoracolumbar spine with reflex and motor neurological abnormalities and degenerative changes, lumbar strain, and rule out lumbar disc herniation. Diagnostic findings included: x-rays of the lumbar spine (1-5-2015), magnetic resonance imaging of the lumbar spine (5-28-2015). The treatments to date included: pain medications, chiropractic treatment, modified work duties, physical therapy, and urine drug testing, massage. He has been utilizing Tylenol #3 since at least June 2015, possibly longer. Subjective findings were: On 1-5-2015, he reported pain to the mid back with radiation to the low back. He rated this pain 10 out of 10 on most days, and on a good day at 9 out of 10. He noted medications to be of temporary help. He also reported low back pain with radiation into the lower extremities, which he rated 9-10 out of 10. He indicated difficulty standing for more than 15-20 minutes. He reported having difficulty with self-care and personal hygiene. Objective findings were: slow and guarded gait, spasm in the thoracolumbar spine area, tenderness in the low back, positive straight leg raise test bilaterally, positive tension sign bilaterally, and positive bowstring test on the left. On 7-17-2015, he reported mid and low back pain which was rated 8-10 out of 10. He indicated rest, oral and topical medications were helpful. He indicated Tylenol #3 helped bring his pain down from 8-10 to a 5-6. Physical findings revealed a decreased range of motion to the low back along with tenderness and

hypertonicity, positive straight leg raise testing on the right, and positive Kemps sign bilaterally. He reported that Kera-tek gel allowed him better pain control and helped him to take fewer Tylenol #3. There is notation of no signs of abuse, overuse, and adverse reactions. Work status is reported as: modified.

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

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

**Tylenol #3 (codeine 30/acetaminophen 300) #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list: Codeine (Tylenol with Codeine) Page(s): 92.

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

**Decision rationale:** The claimant sustained a work injury in November 2014 and is being treated for chronic low back pain with lower extremity numbness and tingling and secondary anxiety and stress. He was seen by the requesting provider in January 2015 and urine drug screening was performed. In February 2015 Motrin and topical compounded creams were prescribed. When he had ongoing pain in April 2015 Tylenol #3 was prescribed. When seen, medications were decreasing pain from 8/10 to 5-6/10. Physical examination findings included decreased lumbar spine range of motion with positive right straight leg raising. There was decreased lower extremity sensation. Kemp's testing was positive bilaterally. There was paraspinal and quadratus lumbar muscle tenderness with increased muscle tone. His BMI is over 41. The claimant is noted to be working. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and the claimant is working. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.