

<b>Case Number:</b>	CM15-0181035		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Illinois  
 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 53 year old male, who sustained an industrial injury on 8-01-2010. The injured worker is being treated for chronic back pain with radicular symptoms. Treatment to date has included medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 8-07-2015, the injured worker presented for reevaluation. He reported increased back pain. There is no pain level provided. He has been on Tylenol #3, Baclofen and Neurontin. Objective findings are documented as "areas of pain remain the same. He has been stable on meds." Per the medical record dated 8-19-2015 he rated his back pain as 7-8 out of 10 in severity. He was taking Hydrocodone-APAP, Gabapentin and Norco. Per the medical record dated 1-28-2015 he has been on Diclofenac for 5 years with no relief. "Back pain persists." There was tenderness the lumbar spine. No pain level is provided. Per the medical records dated 1-28-2015 to 8-07-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The plan of care included medications and authorization was requested on 8-24-20145 for Tylenol with Codeine 30mg #100, Baclofen 10mg #90 and Gabapentin 600mg #80. On 9-03-2015, Utilization Review non-certified the request for Tylenol with Codeine 30mg #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, 30mg by mouth every 8 hours as needed #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Codeine (Tylenol with Codeine®).

**Decision rationale:** The injured worker sustained a work related injury on 8-01-2010. The medical records provided indicate the diagnosis of chronic back pain with radicular symptoms. Treatment to date has included medications and physical therapy. The medical records provided for review do not indicate a medical necessity for Tylenol #3, 30mg by mouth every 8 hours as needed #100. Tylenol # 3 is a combination of Acetaminophen and Codeine. The Official Disability Guidelines states that Tylenol with Codeine is recommended as an option for mild to moderate pain; codeine with acetaminophen is a C-III controlled substance similar to morphine. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Also, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker was being treated with Norco, but Codeine was added in 06/2015. The pain was reported to be getting worse at the return visit. Therefore, the requested treatment is not medically necessary due to lack of benefit with previous use.