

<b>Case Number:</b>	CM15-0184980		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/20/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 20, 2013. In a Utilization Review report dated August 15, 2015, the claims administrator failed to approve a request for Tylenol with Codeine. A June 5, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant was placed off of work, on total temporary disability, status post earlier shoulder surgery of November 19, 2014. The attending provider stated in one section of the note that the applicant was not using any pain medications. On May 5, 2015, the applicant reported ongoing complaints of low back and elbow pain, 10/10 without medications versus 2-5/10 with medications. The applicant was on Tramadol, Effexor, and Zestril, it was reported. The applicant was placed off of work. The applicant had received earlier epidural steroid injection therapy, it was acknowledged. There is no seeming mention of the need for Tylenol No.3 on this date. On June 16, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The applicant was placed off of work, on total temporary disability, it was acknowledged. Permanent work restrictions were imposed on this date. It was stated that the applicant was using Tramadol at this point. The claims administrator's medical evidence log acknowledged that the June 16, 2015 office visit represented most recent note on file.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol-Codeine #3, #65:** 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): Introduction, Opioids, criteria for use.

**Decision rationale:** No, the request for Tylenol No.3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, multiple progress notes, referenced above, suggested that the applicant was using a second short-acting opioid, Tramadol, including on June 16, 2015. There is no explicit mention of the applicant's using Tylenol No.3 on that date and/or on other dates. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, it did not appear that the treating provider(s) were particularly knowledgeable regarding prescribing information insofar as Tylenol No.3 was concerned as no explicit mention was made of Tylenol No.3 usage on multiple progress notes, referenced above, including on June 16, 2015. The treating providers likewise failed to make any mention of the need for concurrent usage of two separate short-acting opioids, Tylenol No.3 and Tramadol. Therefore, the request was not medically necessary.