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| <b>Case Number:</b>   | CM15-0185316 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 09/15/1999 |
| <b>Decision Date:</b> | 11/23/2015   | <b>UR Denial Date:</b>       | 09/08/2015 |
| <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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial-work injury on 9-15-99. He reported initial complaints of back, hip and leg pain. The injured worker was diagnosed as having tendinitis of elbow, DDD (degenerative disc disease) of the cervical, lumbar, and DJD (degenerative joint disease) of knee regions. Treatment to date has included medication. Currently, the injured worker complains of worsening of chronic pain in multiple regions of the body (low back, hip, down the left leg). He is walking with a cane. He is not working and has permanent restrictions. Medication included Tylenol #3 (since at least 4-20-15), Soma, Omeprazole, and Naproxen. Per the primary physician's progress report (PR-2) on 8-26-15, exam notes positive straight leg raise at 70 degrees, 20% decrease horizontal torsion and lateral bend. Current plan of care includes medication refill. The Request for Authorization requested service to include One (1) prescription of Tylenol #3 #60 with 1 refill. The Utilization Review on 9-8-15 denied the request for Tylenol #3 #60 with 1 refill, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Tylenol #3 #60 with 1 refill:** 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 for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.