

<b>Case Number:</b>	CM15-0205243		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, California

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:

This is a 31 year old female patient, who sustained an industrial injury on 9-22-2014. The diagnoses include lumbar sprain, lumbar or lower limbs-non-specific radiculopathy, lumbar or lumbosacral disc degeneration, facet hypertrophy, and lumbar disc bulge and radiculopathy. Per the doctor's note dated 7-17-2015 and 8-13-2015, she had complaints of ongoing low back pain with radicular pain in the left hip down to the knee, numbness and tingling of the left thigh, and low back stiffness and tightness. The physical exam dated 7-17-2015 revealed lumbar flexion 13 degrees, extension 9 degrees, left lateral flexion 14 degrees, and right lateral flexion 13 degrees using a dual inclinometer. The physical exam dated 8-13-2015 revealed lumbar flexion 22 degrees, extension 9 degrees, left lateral flexion 11 degrees, and right lateral flexion 14 degrees using a dual inclinometer. Per the doctor's note dated 9-24-2015, she had complaints of ongoing low back pain, which was increased. She reported pain radiating down the left hip to the knee, numbness and tingling of both legs, and low back muscle spasms at night. She reported ability to sit and stand for up to 1 hour with difficulty and ability to walk with pain for up to 2 hours. The physical exam dated 9-24-2015 revealed tenderness to palpation at the left L4-S1 (lumbar 4-sacral 1) and lumbar flexion 19 degrees, extension 5 degrees, left lateral flexion 20 degrees, and right lateral flexion 13 degrees using a dual inclinometer. The current medications list includes Tylenol #3 and flexeril. The patient has tried soma, ultracet ER, protonix and terocin cream. She had lumbar spine MRI dated 4/3/15 which revealed mild degenerative disease at L5-S1; EMG/NCS dated 3/28/15 which revealed acute L5 radiculopathy on the left. Treatment has included physical therapy, work restrictions, a lumbar support, a lumbar epidural steroid

injection, and pain medications (Tylenol #3 since at least 4-2015). A signed opioid pain agreement, a risk assessment, and a recent urine drug screen to verify compliance with Tylenol #3 were not included in the provided medical records. The requested treatments included Tylenol #3. On 10-5-2015, the original utilization review non-certified a request for Tylenol #3 #60.

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

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

**Tylenol #3, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Tylenol #3, #60 Tylenol #3 contains codeine and acetaminophen. Codeine is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant and anticonvulsant for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol #3, #60 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced; the request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.