

<b>Case Number:</b>	CM15-0025241		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/25/2000
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 43 year old male, who sustained an industrial injury on 09/25/2000. He has reported low back pain and bilateral lower extremity pain. The diagnoses have included chronic lumbar radiculopathy; lumbar disc protrusion at L4-L5; status post left ankle arthroscopy in March 2001; bilateral internal derangement and chondromalacia of the knees; and bilateral wrist tendonitis and carpal tunnel syndrome. Treatment to date has included medications, bracing, physical therapy, and surgical intervention. Medications have included Gabapentin, Norco, MS Contin, and Protonix. A progress note from the treating physician, dated 12/23/2014, documented a follow-up visit with the injured worker. Currently the injured worker complains of neck pain that radiates down the bilateral upper extremities; low back pain that radiates down the bilateral lower extremities; the lower extremity pain is in the left knee and ankle; and limitations in activities of daily living. Objective findings have included tenderness upon palpation in the bilateral paravertebral area L4-S1 levels; lumbar spine range of motion is moderately limited secondary to pain; and tenderness on palpation at the right knee and left ankle. The treatment plan included home exercise program and prescription medications. Request is being made for Tylenol with Codeine No. 3 300-30 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol with Codeine No. 3 300-30mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Tylenol#3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no documentation of reduction of pain and functional improvement with previous use of Tylenol #3. There is no clear documentation of the efficacy/safety of previous use of Tylenol #3. Therefore, the prescription of Tylenol with Codeine No. 3 300-30mg #120 is not medically necessary.