

<b>Case Number:</b>	CM15-0028018		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 55 year old female, who sustained an industrial injury, December 17, 2013. According to progress note of December 18, 2014, the injured workers chief complaint was lumbar spine, right shoulder, bilateral knees, bilateral hips, bilateral arms pain and locking of the bilateral knees. The physical exam noted the low back remained symptomatic. The injured worker was diagnosed with depression, bilateral knee tri-compartmental osteoarthritis let greater than the right, left knee with osteophyte, lumbar strain, right lower extremity radicular pain, cervical strain, left elbow contusion and closed head trauma. The injured worker previously received the following treatments laboratory genic testing, random toxicology laboratory testing, MRI of the left knee, physical therapy, Tylenol #3, anti-inflammatory medication, On December 30, 2014, the primary treating physician requested authorization for a prescription for Tylenol #3 for 90 tablets. On January 28, 2015, the Utilization Review denied authorization for a prescription for Tylenol #3 for 90 tablets. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 (Codeine 30/ Acetaminophen 300) Tabs #90 SIG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids, Opioids Initiating Therapy, Opioids: On Going Management Page(s): 76-78, 43, 74, 86, 80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with low back, right shoulder, bilateral knee and bilateral hip pain. The current request is for TYLENOL NO. 3- CODEINE 30/ACETAMINOPHEN 300- TABS #90 SIG. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been utilizing Tylenol #3 since 11/19/14. According to progress report dated 11/16/14, Tramadol is not controlling the patient pain and Tylenol #3 was dispensed. On 12/18/14, the patient reported a decrease in pain from 9.5/10 to 7-8/10 with medications. Urine toxicology screens have been conducted to assess compliance and no side effects were reported. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.