

<b>Case Number:</b>	CM15-0028855		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/04/2001
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, New York  
 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 was a 58 year old female, who sustained an industrial injury, October 4 2001. According to progress note of January 30, 2015, the injured workers chief complaint was of low back pain and bilateral lower extremities. The injured worker experiences numbness and tingling of the low extremities and weakness, right greater than the left. The injured worker rated the pain at 9 out of 10 without pain medication and 1 out of ten with pain medication; 0 being no pain and 10 being the worse pain. The pain medication allows the injured worker to perform activities of daily living. The physical exam noted deep tendon reflexes in the upper and lower extremities were normal bilaterally. The L4-L5 lumbar area was tender with palpation. The paraspinal region noted the flexion of 45 degrees, hyperextension of 15 degrees, right later and left lateral bend of 15 degrees with right sciatic tenderness. The injured worker was diagnosed with lumbago, thoracic/lumbosacral neuritis/radiculitis, intervertebral and lumbar disc disorder with myelopathy of the lumbar region and degenerative lumbar and lumbosacral intervertebral disc. The injured worker previously received the following treatments random toxicology laboratory studies, physical therapy, narcotic pain medication, epidural steroid injections, home exercise program, nerve conduction studies, MRI, x-rays and CT scan. On November 5, 2014, the primary treating physician requested Tylenol #3 #150 with 3 refills. On February 3, 2015, the Utilization Review denied authorization for Tylenol #3 #150 with 3 refills. 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 #3 300/30mg #150 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Tylenol #3 is not medically necessary. Tylenol #3 contains codeine and acetaminophen. The chart does not provide specific objective documentation of improvement in function with the use of Tylenol #3. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented evidence of objective functional gains with the use of Tylenol #3, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the request is considered not medically necessary.