

<b>Case Number:</b>	CM15-0029086		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/26/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of October 1, 2014. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve request for Tylenol No. 3. The claims administrator referenced a January 8, 2014 progress note and an RFA form received on January 23, 2015 in its determination. The claims administrator contended that the applicant had failed to profit from ongoing Tylenol No. 3 usage. The applicant attorney's subsequently appealed. In a work status report dated March 2, 2015, the applicant was placed off of work, on total temporary disability, for four weeks. In a February 2, 2015 progress note, the applicant reported ongoing complaints of neck pain, low back pain, and headaches. The attending provider stated that he believed the applicant's pain complaints had reached chronicity. The attending provider stated that the applicant was using naproxen, tramadol, Prilosec, and Norflex. Palpable tender points, tenderness, and limited range of motion were noted about multiple regions. The applicant received multiple trigger point injections. No discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, 300/30 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

**Decision rationale:** No, the request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant was/is off of work, on total temporary disability, it was acknowledged on March 2, 2015. The attending provider likewise failed to outline any quantifiable decrements in pain or material improvements effected as a result of ongoing Tylenol No. 3 usage in his February 2015 progress note, also referenced above. Therefore, the request was not medically necessary.