

<b>Case Number:</b>	CM15-0210429		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This is a 54 year old male who sustained an industrial injury on 7-21-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine musculoligamentous sprain-strain, thoracolumbar musculoligamentous sprain-strain with bilateral lower extremity radiculitis, bilateral sacroiliac joint sprain, right and left knee sprain, stress, depression and anxiety. According to the progress report dated 9-2-2015, the injured worker complained of neck pain, mid and low back pain radiating to both lower extremities, bilateral hip pain and bilateral knee pain. Objective findings (9-2-2015) revealed tenderness to palpation, muscle guarding and spasm over the cervical, thoracic and lumbar paraspinal muscles. There was tenderness over the sacroiliac joints bilaterally and tenderness over the medial and lateral joint lines of the bilateral knees, right side greater than left. Treatment has included physical therapy and medications (Tylenol #3 since at least 3-2015). The request for authorization was dated 9-2-2015. The original Utilization Review (UR) (10-23-2015) denied a request for Tylenol #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 300/30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with Tylenol #3 since at least March 2015 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic July 2014 injury without acute flare, new injury, or progressive neurological deterioration. The Tylenol No. 3 300/30mg #90 is not medically necessary and appropriate.