

<b>Case Number:</b>	CM15-0219997		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, North Carolina  
 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 is a 44 year old male, who sustained an industrial injury on 4-8-2013. Medical records indicate the worker is undergoing treatment for lumbar disc degeneration and back muscle spasm. A recent progress report dated 10-14-2015, reported the injured worker complained of low back pain with occasional right thigh radiation, rated 8 out of 10 at its worst and 3 out of 10 at the visit time. Physical examination was not performed at this visit. Treatment to date has included physical therapy and Tylenol #3 (since at least 6-13-2015). The physician is requesting Tylenol with Codeine #3 330-30mg. On 10-27-2015, the Utilization Review noncertified the request for Tylenol with Codeine #3 330-30mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol with Codeine #3 330/30mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The request is for ongoing use of Tylenol #3 (codeine plus APAP). This claimant has chronic persistent pain since the date of injury in 2013. Tylenol #3 contains an opioid indicated for mild to moderate pain for short-term use. The 4 A's (analgesia, ADL's, appropriate medication use and adverse reactions) should be monitored and documented with ongoing use. Long-term use of opioids may be justified if there is documentation of pain relief, functional improvement and return to work. In this case, there is no documentation of functional improvement or return to work. The claimant's pain scores remain unimproved, despite increasing the amount of opioid he is taking. Therefore, the request is not medically necessary or appropriate.