

<b>Case Number:</b>	CM15-0222117		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, Hawaii

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 is a 55 year old male, who sustained an industrial-work injury on 10-6-12. The injured worker was diagnosed as having lumbalgia-lumbar intervertebral disc, spinal stenosis lumbar region, lumbosacral or thoracic neuritis, and lumbar facet arthropathy. Treatment to date has included medication history: Flexeril, Percocet, Soma, Atenolol, Cyclobenzaprine, and Motrin; surgery (lumbar laminectomy at L2-5 on 5-22-15), ESI (epidural steroid injection), transcutaneous electrical nerve stimulation (TENS) unit, and home exercise program (HEP). Currently, the injured worker complains of chronic low back pain rated 4 out of 10. Medications and ESI (epidural steroid injection) helped with pain. Per the primary physician's progress report (PR-2) on 10-5-15, exam noted tenderness to palpation to lumbar region. Medications dispensed included LidoPro topical cream, OTC Tylenol, Tylenol #4. The Request for Authorization requested service to include Tylenol #4 60/300 MG #60. The Utilization Review on 10-14-15 denied the request for Tylenol #4 60/300 MG #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 60/300 MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The patient presents with chronic low back pain. The current request is for Tylenol #4 60/300mg #60. The treating physician's report dated 10/05/2015 (363D) states, "OTC Tylenol for pain during AM - 500mg 6 hrs. Script given for Tylenol #4 for pain for PM only and not while driving." Medical records do not show a history of Tylenol #4 use. The patient is currently taking Norco and LidoPro cream. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, it appears that the physician would like to trial Tylenol #4 to determine its efficacy in terms of pain relief and functional improvement. The current request is medically necessary.