

<b>Case Number:</b>	CM15-0036717		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, California  
 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 51 year old male, who sustained a work/ industrial injury on 10/2/13 to his low back that resulted from a slip and fall when he tripped over his discarded calking gun. He has reported symptoms of persistent lumbar pain. Prior medical history included a prior low back condition. The diagnoses have included degenerative disc disease at L4-5 and L5-S1. Treatments to date included physical therapy, aquatic therapy, medications. Diagnostics included an Magnetic Resonance Imaging (MRI) from 10/18/13 that demonstrated L4-5 3 mm disc osteophyte complex and facet hypertrophy with mild central canal narrowing and moderate narrowing of the bilateral lateral recesses with possible impingement on the traversing L5 nerve roots bilaterally, with moderate left and mild right neural foraminal narrowing, L5-S1 3 mm annular disc bulge with nerve root compression or central stenosis, but there is facet hypertrophy with moderate severe left and mild right neural foraminal narrowing. An electromyogram from 4/4/14 reported left lower denervation potentially consistent with a left lumbar radiculopathy. Medications included Tylenol with Codeine, Baclofen, Flexeril and Triazolam. The treating physician's report (PR-2) from 1/7/15 indicated persistent severe low back pain with difficulty in walking and standing. Examination noted limited range of motion, positive straight leg raise (SLR) on the left, normal motor and reflex exam. Treatment plan was for physical therapy, surgery due to failed conservative measures, and a request was made for renewal of Tylenol #4 for pain management. On 1/27/15, Utilization Review modified Tylenol with Codeine (Tylenol #4), #120 to Tylenol with Codeine (Tylenol #4), #100, for purposes of continuing opioid taper for discontinuation as previously recommended over the course of the next 2-3 months , noting

the Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain, along with the Official Disability Guidelines (ODG), Pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol with Codeine (Tylenol #4), #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74, 76-78, 80, 86, 91, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Tylenol #4 is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco and Tramadol for past several years. Recent progress notes indicate continued sever back pain while on Tylenol #4. Long-term use of opioids are not recommended and can lead to tolerance. The continued use of Tylenol #4 is not medically necessary.