

<b>Case Number:</b>	CM15-0044044		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 53 year old male, who sustained an industrial injury on 8/20/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar radiculitis/radiculopathy, lumbar intervertebral disc disorder, and symptoms of anxiety and depression. Treatment to date has included conservative measures, including diagnostics, psychological counseling, home exercise program, a back brace, and medications. Currently, the injured worker complains of moderate to severe low back pain, with radiation to his right lower extremity. He continued to experience numbness and tingling in his right lower extremity. He reported worsening symptoms due to cold weather. Physical exam of the lumbar spine noted tenderness to palpation of the paravertebral muscles, with mild bilateral spasm. There was tenderness to palpation of the right sciatic notch and gluteal muscles. Range of motion was limited in all planes. Decreased sensation was noted in the right L5 and S1 distributions. Straight leg raise test was positive on the right at 45 degrees. Motor strength and deep tendon reflexes were normal. A current and comprehensive medication listing was not noted. The treatment plan included refills of Naprosyn, Omeprazole, and Tylenol #4. His work status was documented as permanently partially disabled. Diagnostic testing reports were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 (acetaminophen and codeine phosphate): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine).

**Decision rationale:** MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. As such, the request for Tylenol #4 (acetaminophen and codeine phosphate) is not medically necessary.