

<b>Case Number:</b>	CM15-0055331		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 45 year old male, who sustained an industrial injury on 10/17/11. He reported low back and right leg pain. The injured worker was diagnosed as having low back pain with radicular symptoms and involuntary leg cramps in the right leg related to neurogenic claudication. Treatment to date has included TENS, Toradol injection, right knee Cortisone injection, right knee arthroscopy with ACL repair, and a lumbar epidural injection at L5-S1 on 2/3/15, which was noted to have caused increasing back pain. A MRI was noted to have revealed L4-5 disc herniation and an L5-S1 herniation with impingement on the right L5 nerve root. An electromyogram/nerve conduction study was noted to have revealed right S1 lumbosacral radiculopathy. Currently, the injured worker complains of low back pain what radiates to the right leg, knee pain, and knee instability. The treating physician requested authorization for Tylenol 3 #60. The treating plan was to resume the medication regimen with Tylenol #3 to keep the injured worker functional.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Tylenol 3, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol-Codeine; Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines state that long term opioid use is not recommended unless there are extenuating circumstances. In this case, the patient has been using tylenol with codeine for the past four months with prior use of other opioids. In this case, there are no extenuating circumstances justifying long-term use of tylenol with codeine especially given the lack of documentation of functional benefit. The request for tylenol with codeine #60 is not medically appropriate and necessary.