

<b>Case Number:</b>	CM15-0089067		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old female, who sustained an industrial injury on 11/21/2014. According to a Doctor's First Report of Occupational Injury dated 11/21/2014 the injured worker reported pain in the right shoulder radiating down to the hand. Treatment to date has included physical therapy, x-rays and medications. On 03/04/2015, the injured worker was seen for an initial orthopedic consultation. Subjective findings included cervical spine pain with radiation of pain into both shoulder girdles and the upper back with radiating pain, numbness and tingling into the right upper extremity. She also reported pain, episodes of locking up and giving way, tenderness, limitation of motion and weakness in the lumbar spine with radiation of pain into both buttocks and thighs with radiating pain, numbness and tingling in to the right lower extremity. She reported pain, weakness, tenderness and limitation of motion with radiating pain and paresthesias into the hand and digits without sensation of instability or mechanical symptoms. There was numbness and tingling in the digits and fatigability, cramping and a sensation of loss of dexterity. Right shoulder symptoms included pain, weakness, tenderness and limitation of motion without sensation of instability or mechanical symptoms. Diagnoses included cervical, thoracic and lumbar strain, right sided cervical radiculopathy, right sided lumbar radiculopathy, bilateral carpal tunnel syndrome and status post right shoulder arthroscopy 2009 and 2010. According to a progress report dated 03/16/2015, subjective complaints did not include location or description of pain. The provider noted that the injured worker had not begun with chiropractic care and did not notice any improvement. The treatment plan included MRI of the cervical and lumbar spine, electrodiagnostic studies of the upper and lower extremities, a trial

of six chiropractic visits for the cervical spine, lumbar spine, both wrists and right shoulder. Work status included modified work with restrictions. An authorization request dated 04/02/2015 was submitted for review requesting authorization for Anaprox, Protonix, Tylenol #3, MRI of the cervical and lumbar spine and electrodiagnostic studies. Currently under review is the request for Tylenol #3 300mg/30mg #60.

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

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

**Tylenol #3 300/30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Tylenol#3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no documentation of reduction of pain and functional improvement with previous use of Tylenol #3. There is no clear documentation of the efficacy/safety of previous use of Tylenol #3. Therefore, the prescription of Tylenol #3 300/30mg #60 is not medically necessary.