

<b>Case Number:</b>	CM14-0129127		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/08/2001
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on November 8, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of bilateral shoulder pain and left knee pain. The physical examination of the right shoulder indicates poor reflection limited to 160 degrees and a positive impingement sign. The examination of the left shoulder noted tenderness over the anterior lateral aspect of the shoulder and a positive impingement sign as well. The lumbar spine examination noted tenderness over the lumbar paravertebral muscles and slightly decreased range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the use of a lumbar brace. A request had been made for Tylenol with Codeine #3 and was not certified in the pre-authorization process on August 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol with Codeine #3 #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

**Decision rationale:** Tylenol #3 with codeine is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Tylenol #3 with codeine is not medically necessary.