

<b>Case Number:</b>	CM14-0144886		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family Medicine and is licensed to practice in California. 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 patient is a 32-year-old male who has submitted a claim for cervical sprain, cervical radiculopathy, bilateral shoulder impingement, lumbar sprain and lumbar radiculopathy associated with an industrial injury date of March 7, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of neck and back pain radiating into the upper and lower extremities with paresthesia and numbness and bilateral shoulder pain with decreased ROM and strength. Physical examination revealed spasm, tenderness and guarding in the cervical and lumbar paravertebral musculature, decreased sensation in the C6 and L5 dermatomes bilaterally, 4/5 strength of the bilateral deltoids, and loss of ROM of the cervical and lumbar spine. Examination of the shoulders revealed positive impingement and Hawkins signs with decreased flexion and abduction bilaterally. Treatment to date has included medications, physical therapy and injection. Utilization review from August 19, 2014 denied the request for Retrospective request for 1 prescription for acetaminophen-cod #3 300-30 mg # 60, dispensed on 7/5/12 because despite the use of opioids, the patient had still been unable to return to work, and there is no documentation indicating that the patient experienced significant pain or functional improvement as a result of the use of opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 prescription for acetaminophen-cod #3 300-30 mg # 60, dispensed on 7/5/12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine;generic available), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the provided records do not clearly indicate how long the patient had been taking opioids, what the response was in terms of pain reduction and functional improvement, the presence/absence of side effects, the plan to taper the opioid dose and the patient compliance documented by urine drug screens. The medical necessity for continued use is not established because the guideline criteria are not met due to inadequate information. Therefore, the retrospective request for 1 prescription for acetaminophen-cod #3 300-30 mg # 60, dispensed on 7/5/12is not medically necessary.