

<b>Case Number:</b>	CM14-0157148		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of April 23, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; adjuvant medications; intermittent drug testing; and extensive periods of time off work. In a utilization review report dated September 10, 2014, the claims administrator partially approved a request for Tylenol No. 4. The applicant's attorney subsequently appealed; however, the applicant's attorney did write 'Tylenol' on the IMR application. In an earlier note dated March 14, 2014, the applicant reported persistent complaints of elbow pain, 5/10, with associated difficulty with gripping and grasping. The applicant received unspecified medication refills. In a March 14, 2014, urine drug screen, it was seemingly suggested that the applicant was using both Norco and Tylenol with Codeine. On August 22, 2014, the applicant again reported constant, 4/10 elbow pain with associated difficulty with gripping, grasping, and difficulty with lifting articles weighing over 5 pounds with the right hand. The applicant was again placed off work, on total temporary disability. In an earlier note dated July 3, 2014, the applicant was again placed off work, on total temporary disability. The applicant was given refills of Norco, Celebrex, and Neurontin. The attending provider stated that usage of Norco was allowing the applicant to function "slightly better."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids; Opioids, Ongoing Management Page(s): 78 and 80.

**Decision rationale:** As noted on the attending provider's progress notes, the urine drug testing report, and on the utilization review report, the request in question does represent a request for Tylenol No. 4 or Tylenol with Codeine, a short-acting opioid agent. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off work, on total temporary disability. The applicant is having difficulty performing activities of daily living as basic as gripping, grasping, lifting, carrying, etc., despite ongoing Tylenol No. 4 usage. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing Tylenol No. 4 usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids be prescribed to improve pain and function. The urine drug testing report of March 14, 2014, referenced above, however, suggested that the applicant was using two separate short-acting opioids, Tylenol No. 4 and hydrocodone - acetaminophen. No rationale for provision of two separate short-acting opioids was furnished here. Therefore, the request is not medically necessary.