

<b>Case Number:</b>	CM14-0166561		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	04/21/2003
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Practice 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:

This is a 60 year old male claimant who sustained a work injury on 9/11/03 involving the shoulders. He had a right rotator cuff tear and left shoulder bursitis with impingement. He underwent right shoulder surgery in 2005. He had used a TENS unit for pain and had been on Tylenol #3 for pain and Zanaflex for spasms since at least January 2014 at which time he had moderate pain while on medication but severe without. A progress note on 8/27/14 indicated the claimant had bilateral elbow and wrist pain with reduced range of motion. There was decreased sensation in the left wrist. The claimant remained on the Tylenol # 3 BID and Zanaflex 4 mg BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Tylenol #3 (APAP/Codeine) 300/30 mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Tylenol # 3 contains codeine - which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for

neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol # 3 for over 8 months. It is not indicated for mechanical pain associated with lumbar or elbow etiologies. The continued use of Tylenol #3 is not medically necessary.