

<b>Case Number:</b>	CM14-0167249		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Emergency 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 38-year old male injured worker suffered an industrial accident on 12/13/2013 while driving a truck and had a motor vehicle accident. The injured worker complained of pain in the cervical and lumbar spine along with pain in the right shoulder. Diagnosis is cervical degenerative disc, lumbar annular tear and intermittent radiculopathy of the left leg. Progress note from 8/26/14 reports that patient complains of pain mostly to neck radiating to L shoulder. Low back pain is also intense at 8/10. Objective exam reveals tenderness to paraspinal muscles in cervical and lumbar spine. L trapezius with tenderness and spasms. Neurologically was intact. The treatments included courses of physical therapy, acupuncture, chiropractic, TENS unit, back brace, and medications, which included acetaminophen and Tramadol. Although there was documented improvement in pain, the physician determined that a trial of Tylenol with Codeine would be beneficial as the injured worker had tried it in the past and felt it was effective. There is no medical record evidence as to effectiveness of this medication in the past. The physician documented the current medication regime which includes Tramadol was suboptimal. No imaging reports were provided for review. Current medication includes Ultracet. The UR decision on 9/15/14 was not to certify the request due to no evidence that first line medications such as antidepressants or anticonvulsants had been trialed and failed. Also, it was felt that opioid medications for long term use were not effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, QTY: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tylenol #3 is acetaminophen and codeine, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. MTUS guideline recommends short term use of opioids. Patient has been on Ultracet (Tramadol with acetaminophen) without good response. There has not been documentation of an appropriate attempt at multiple other first line treatments such as NSAIDs, antidepressant/antiepileptic medications effective in radicular pain. It is also unclear from documentation if the physician clearly directed the patient to stop the use of Ultracet since it may lead to acetaminophen toxicity if Ultracet and Tylenol #3 are used together. Tylenol #3 is not medically necessary.