

<b>Case Number:</b>	CM14-0215411		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65-year-old male with an injury date of 08/31/2007. Based on the 08/04/2014 progress report, the patient has worsening pain in his neck, which extends to the shoulder, arm, and hand. There is numbness and tingling at the C6 distribution right arm, weakness, right wrist extension against resistance, and a 30% decrease in horizontal torsion and lateral bend C-spine to the right. The 09/15/2014 report indicates that the patient has shingles. No additional positive exam findings were provided on this report. The 11/06/2014 report states that the patient has slight limits horizontal torsion and lateral bend. The patient's diagnoses include the following: Radiculopathy, cervical. The utilization review determination being challenged is dated 11/24/2014. There are treatment reports provided from 02/06/2013 - 11/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Tylenol #3 #60 with 1 refill.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with worsening pain in the neck extending to the shoulder, arm, and hand. The request is for TYLENOL No. 3 #60 with 1 refill. For chronic opiate use in general, MTUS Guidelines page 88 and 89 state the patient should be assessed at each visit and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 11/06/2014 report states the patient who is currently taking Tramadol is made aware that it has been converted to a Schedule II narcotic and is amenable to switching to Tylenol No. 3. Review of the 11/06/2014 report indicates that the patient is switching from Ultram to Tylenol No. 3 in an attempt to wean off of Tramadol. Reports show that although Tramadol is listed as an opiate, there is lack of documentation of the 4As required for ongoing use of opiates. However, a trial of Tylenol No. 3 may be appropriate given the patient's history of opiate use and to provide some analgesia. For ongoing use of this medication, the treater will need to provide documentation of pain and functional improvement including the 4As going forward. The recurrent request of Tylenol No. 3 IS medically necessary.