

<b>Case Number:</b>	CM15-0016614		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 injured worker is a 47 year old male, who sustained an industrial injury on 04/24/2013. He has reported pain in the right shoulder, right elbow, neck, and left elbow. The diagnoses have included sprain/strain, right shoulder; sprain/strain, right elbow; and status post right open rotator cuff repair surgery. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Tylenol and Ibuprofen. Surgical intervention has included right shoulder open rotator cuff repair, performed on 06/30/2013. Currently, the injured worker complains of moderate to severe pain in the right shoulder, with radiating pain, numbness, and tingling down the right upper extremity to the right hand; constant severe pain in the right elbow, with radiating pain, weakness, numbness, and tingling down the right upper extremity to the hand; intermittent moderate to severe pain the cervical spine; and localized pain in the left elbow. A progress report from the treating physician, dated 01/05/2015, documented the injured worker to have tenderness to palpation on the right over the long head of biceps and middle portion of the shoulder joint; pain with range of motion of the right shoulder; and tenderness to palpation over the lateral epicondyle of the right elbow. Request is being made for Tylenol #3 300/30mg Qty 30. On 01/13/2015 Utilization Review modified a prescription for Tylenol #3 300/30mg Qty 30, to Tylenol #3 300/30mg #20. The CA MTUS was cited. On 01/20/2015, the injured worker submitted an application for IMR for review of a prescription for Tylenol #3 300/30mg Qty 30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 300/30mg Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Pain, (Tylenol with Codeine; ½)

**Decision rationale:** MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The treating physician states that the patient was taking over the counter Tylenol and Ibuprofen but did not document a trial and failure of these medications. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. As such, the request for Tylenol #3 300/30mg Qty 30 is not medically necessary.