

<b>Case Number:</b>	CM15-0119380		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 & General Preventive Medicine

### 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 65 year old male with an industrial injury dated 01/04/2010-01/04/2011. His diagnoses included chronic lumbosacral sprain/strain, left lower extremity radiculopathy, left inguinal hernia status post repair and insomnia. Comorbid diagnoses was hypertension and "kidney abnormality". Prior treatment included medication. He presents on 05/08/2015 with complaints of low back pain. He was taking Tylenol # 4 about ¾ tablet at night time and it helped his back pain and helped him to sleep better at night. He rates his back pain as 3-4/10, which comes down to 1/10 after taking Tylenol #4 one-half to three-fourths tablet. He also notes left foot numbness and states the numbness has remained unchanged. There was pain with lumbar spine range of motion with tenderness noted in the lumbar spine. Sensation was reduced to light touch over the lateral aspect of the left foot both dorsally and plantarly. Treatment plan included Tylenol #4 and return for follow up. The request is for Tylenol #4 quantity of 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4, quantity: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

**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 medical documentation provided indicate this patient is taking 1/2-1 tablet of Tylenol #4 at night. The treating physician has provided documentation of decreased pain and improvement of the patient's sleep. As such, the request for Tylenol #4, quantity: 60 is medically necessary.