

<b>Case Number:</b>	CM15-0123406		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 50 year old female injured worker suffered an industrial injury on 01/28/2011. The diagnoses included impingement syndrome and rotator cuff tendinosis of the left shoulder with arthroscopy 1/29/2015, spondylosis of the lumbar spine with facet joint arthropathy and radiating pain. The injured worker had been treated with medications and surgery. On 6/2/2015 the treating provider reported complaints of lower back pain with radiations into the left buttock region rated 6 to 7/10 exacerbated with prolonged standing and walking activities. She rated the pain 2/10 with the current medications regime and 10/10 without medications. She reported improvement with the activities of daily living as well as an increased ability to use her upper extremities and exercise as a result. She reported she used Tramadol and Motrin daily. The injured worker had not returned to work. The urine drug screen 5/5/2015 was inconsistent as Ultram and Codeine were not detected. On exam there was tenderness over the lumbosacral spine and lumbar muscles with reduced painful range of motion. There was slight tenderness of the left shoulder and slight increase in pain during range of motion. The treatment plan included Tylenol #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 quantity: 100: Upheld**

**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 Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, Tylenol with Codeine is a short-acting opioid analgesic, and is in a class of drugs which has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. Tylenol #4 has twice as much codeine as Tylenol #3. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided did include pain levels with and without medications. The medication was prescribed "as needed"; however, there was no specific comprehensive pain assessment of that medication in particular. There was no documentation of how often the medication was used. There was no evidence of specific functional improvement for that specific medication. The provider noted that the urine drug screen was inconsistent, not detecting Codeine. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.