

<b>Case Number:</b>	CM15-0128144		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old male, who sustained an industrial injury on 9/3/08. The injured worker was diagnosed as having acute lumbar strain with multilevel stenosis, right knee meniscal tear, status post arthroscopy, right ankle ligamentous injury status post reconstruction and non-orthopedic issues. Treatment to date has included right knee arthroscopic repair of meniscal tear, reconstruction of right ankle ligamentous injury, oral medications including Tylenol #3, topical Biotherm cream, Hyalgan injections, physical therapy and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine was performed on 2/5/15, which revealed disc desiccation at T10-L1, L1-L4 and L5-S1, a congenitally narrowed spinal canal and disc bulge at T10-11; basically unchanged since previous study dated 10/17/13. Currently on 6/3/15, the injured worker complains of persistent pain in lower back rated 7/10, right knee pain rated 7/10 and left pain rated 5-10/10. He notes the pain is improved with medications pills and creams and Tylenol #3 helps take pain from a 7 to a 4. He is currently not working. Physical exam performed on 6/3/15 revealed decreased lumbar range of motion, tenderness to palpation over the paraspinal muscles bilaterally left greater than right; right knee decreased range of motion with two well-healed portal scars and slightly decreased quadriceps strength and exam of the right ankle revealed decreased range of motion with tenderness over the lateral malleoli over a well healed scar. A request for authorization was submitted on 6/10/15 for additional physical therapy to bilateral knees, Tylenol #3 and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 3, # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back pain. Tylenol #3 has been prescribed since at least 1/23/15. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. No functional goals were discussed, the injured worker is not working, and an opioid contract was not submitted or discussed. Urine drug screen performed on 1/23/15 was inconsistent with medications prescribed, as it was negative for hydrocodone, which was prescribed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the injured worker "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living and discussion of adverse side effects. As currently prescribed, Tylenol #3 does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.