

<b>Case Number:</b>	CM15-0028285		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 56 year old male, who sustained an industrial injury on 1/16/13. He has reported injury to left arm after getting hit by a plywood stack weighing 300 pounds. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, thoracic disc displacement, lower extremity neuritis, lumbar disc displacement, lumbar disc protrusion and lumbar myofasciitis. Treatment to date has included medications, diagnostics, physical therapy, and chiropractic and pain management. Currently, the injured worker complains of constant severe pain with muscle spasms in the cervical spine, upper back and low back with relief from medication. The pain is associated with weakness, radiation of pain to shoulders and muscle spasms. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 7/16/13 revealed degenerative disc disease, facet arthropathy, disc osteophytes and foraminal narrowing. The Computed Tomography (CT) scan of the chest dated 1/22/13 revealed acute fracture of the seventh through eleventh ribs. Physical exam revealed cervical compression causes pain and foraminal compression causes pain on the right. The lumbar spine revealed that Kemp's causes pain and straight leg raise causes pain on the right. Treatment was facet block, physical therapy, acupuncture, pain management and urine drug screen was obtained. The current medications were not documented and there were no therapy sessions documented. Work status was modified. On 1/12/15 Utilization Review non-certified a request for Tylenol 3 Tab 300-30mg take 1 tab Q 6-8 hours for pain, noting that there was no documented attempt to wean the injured worker off the narcotics and switch to non narcotic analgesics. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 3 Tab 300-30mg take 1rB Q 6-8 hours for pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine) Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Tylenol # 3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #3 for over 6 months. Pain levels ranged from 8-9/10 in the past few months. There was mention of benefit with medication but was not quantified. There was no indication of Tylenol (without codeine) failure). The continued and long-term use of Tylenol #3 is not medically necessary.