

<b>Case Number:</b>	CM15-0032249		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 48-year-old male who sustained an industrial injury on 04/12/2013 while stripping and waxing floors, he slipped and fell hitting the back of his head. There was no documented loss of consciousness. The injured worker is status post anterior C4-C5 and C5-C6 decompression and fusion on December 4, 2013 and status post left lumbar L3-L5 laminotomy with neurolysis on November 15, 2014. The injured worker was diagnosed with chronic pain syndrome, desiccation at L1-L2 and L2-L3, cervical fusion with residual arm pain and depression. Treatment to date includes diagnostic testing with Electromyography (EMG)/Nerve Conduction Velocity (NCV) on December 10, 2014, cervical magnetic resonance imaging (MRI) on January 12, 2015, surgeries, lumbar epidural steroid injections, physical therapy, neurology consultation and medications. According to the primary treating physician's progress report on January 16, 2015, the injured worker continues to experience neck and low back pain. The injured worker rates his neck pain level at 7/10 with radiation to the bilateral shoulders with numbness and tingling in the hands. The injured worker also reports bilateral shoulder pain at 7/10. The injured worker notes low back pain at 8/10 with radiation to the bilateral lower extremities, right greater than left associated with numbness, tingling, burning and pins and needles sensation. Physical examination documented clean incision, compartments soft and neurological examination was intact. Cervical spine X-ray performed at the office visit noted satisfactory fusion. Current medications are listed as Tylenol #3 and Voltaren XR. Treatment plan consists of repeating cervical magnetic resonance imaging (MRI) due to artifacts, cervical Computed Tomography (CT), physical therapy, final confirmation on urine drug test results, prescribed medications and the current request for Tylenol #3 renewal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 (APAP/Codeine) 300/30 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 43, 80-81, 92.

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

**Decision rationale:** Tylenol #3 contains 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 Norco for a year. No one opioid is superior to another, The claimant's pain continued at 8/10. Long-term use of opioids is not recommended. The continued use of Tylenol #3 is not medically necessary.