

<b>Case Number:</b>	CM15-0042267		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male, who sustained an industrial injury on 8/8/12. He reported back tightness with pain down both sides of legs. The injured worker was diagnosed as having status post lumbar fusion, herniated nucleus pulposus, anxiety and depression, insomnia, cervical sprain/strain and bilateral shoulder sprain/strain. Treatment to date has included physical therapy, oral medications including Xanax for sleep, Tylenol #4 and Motrin, activity restrictions and lumbar fusion. (CT) computerized tomography scan of lumbar area was performed on 9/22/14. Currently, the injured worker complains of severe back pain. Physical exam noted tenderness of left and right paraspinous area and decreased range of motion. The treatment plan included continuation of oral medications, spine surgery consultation and pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 4 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient has a date of injury of 08/08/12 and presents with neck, low back and bilateral shoulder pain. The patient has suffers from anxiety, depression, insomnia, nervousness and stress. The patient is status post lumbar fusion from 09/30/13. Request for Authorization is dated 01/28/15. The current request is for TYLENOL 4 #90. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient was initially dispensed Tylenol #4 on 07/17/14. The progress report dated 10/29/14 notes that the patient is taking Tylenol as need. A urine drug screen was administered on this date. Progress report dated 12/11/14 states that the patient continues to work. On 01/22/15, the physician stated that the patient cannot work due to pain and she was taken off work. A refill of Tylenol was given and another urine drug screen administered. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, or changes in ADL's. The patient was working, but recently taken off duty despite taking medications. Furthermore, there are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.