

<b>Case Number:</b>	CM15-0061520		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 38 year old female, who sustained an industrial injury on 09/10/2013. She has reported injury to the lower back. The diagnoses have included lumbar sprain and strain; left lower extremity radiculopathy; and left sacroiliac joint sprain. Treatment to date has included medications, diagnostics, sacroiliac block, back support, chiropractic, and physical therapy. Medications have included Tylenol #3. A progress note from the treating physician, dated 02/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain, left greater than right, with occasional numbness and tingling. Objective findings have included tenderness to palpation of the quadratus lumborum, lumbar paravertebrals, and gluteal muscles, left greater than right, tenderness to palpation of the left sacroiliac joint; and positive sacroiliac joint stress test . The treatment plan has included the request for Tylenol #3 (acetaminophen/codeine 300/30 mg), 1 by mouth every 12 hours as needed for pain, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 (APAP/Codeine 300/30mg), 1 by mouth every 12 hours as needed for pain, #60:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine; 1/2).

**Decision rationale:** MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The medical records state that physical therapy has not helped, but do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. The requesting provider in a response states that the medication allows her to perform her exercises, ADLs and job duties with less difficulty. However, the most recent note on 03/21/15 has the patient temporarily and totally disabled and does not document that she is working. As such, the request for Tylenol #3 (APAP/Codeine 300/30mg), 1 by mouth every 12 hours as needed for pain, #60 is not medically necessary.