

<b>Case Number:</b>	CM15-0066306		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 male, who sustained an industrial injury on 4/18/2014, while employed as a paramedic. He reported injury to his thoracic and lumbar spine when lifting a patient. The injured worker was diagnosed as having thoracic and lumbar spine muscle spasms, T11, T12, and L1 chronic healed compression fractures, and L3-4 minimal disc bulge and bilateral neuroforaminal stenosis. Treatment to date has included diagnostics, bracing, psychology, and medications. Currently, the injured worker complains of moderate pain in his thoracic spine (rated 6/10), described as constant, with radiation to his lumbar spine (rated 7/10). His lumbar pain radiated to his right hip, and occasionally his right knee. He now used a back brace as needed, ambulated with a cane, as well as a service animal. He reported difficulty with activities of daily living, depression, stress, anxiety, insomnia, frustration, and personal relationship difficulties. His work status was total temporary disability. Medication use for pain included Norco, Robaxin, and Wellbutrin. On exam, he was unable to maintain a comfortable position for more than 5 minutes and used his cane to maintain balance. Range of motion was decreased in all the spines, greatest in the lumbar. The treatment plan included Tylenol #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3:** 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).

**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 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. As such, the request for Tylenol #3 is not medically necessary.