

<b>Case Number:</b>	CM15-0066686		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 45-year-old male, with a reported date of injury of 10/17/2011. The diagnoses include right knee internal derangement, status post right knee surgery, right knee cartilaginous injury, right knee sprain/strain, lumbar discogenic disease, lumbosacral sprain/strain, lumbosacral radiculopathy, ambulation dysfunction, and myofascial pain syndrome. Treatments to date have included Mobic, electrodiagnostic studies of the lower extremities, Zanaflex, Lyrica, an MRI of the lumbar spine, an x-ray of the right hip, Norco, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, a knee brace, and lumbar epidural steroid injection. The medical report dated 03/12/2015 indicates that the injured worker reported severe back pain with muscle spasms radiating into his right leg. He also reported right knee pain. The injured worker stated that he could not function without medication. He rated his pain 8 out of 10; at best 4 out of 10 with medications; and 10 out of 10 without medications. The injured worker reported 50% reduction in his pain and 50% functional improvement with activities of daily living with medications versus not taking them at all. The physical examination showed muscle spasm in the lumbar area; loss of lordotic curvature; sensory loss to light touch and pinprick at the right lateral calf and bottom of his foot; crepitus on passive range in flexion and extension of the right knee; tenderness over the greater trochanter of the right hip; and painful passive range of the motion of the right hip. The treating physician requested Tylenol with codeine #60 for refill. It was noted that the injured worker used this medication occasionally when he had severe pain not relieved by over-the-counter Tylenol.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Tylenol no. 3 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

**Decision rationale:** Tylenol #3 is the compounded medication containing the opioid codeine and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving opioid medication since at least October 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be medically necessary.