

<b>Case Number:</b>	CM15-0066691		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/19/1992
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/30/2015
<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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 50 year old female who sustained an industrial injury on 10/19/1992. Diagnoses include cervical spine disorder, paraplegia incomplete, lumbar post-laminectomy syndrome, neuralgia/neuritis, and neurogenic bladder, sprain of the neck, lumbar disc displacement, myalgia and myositis, progression of sympathetic dysfunction, autonomic dysreflexia, and severe hypertensive crisis. Treatment to date has included diagnostic studies, medications, transforaminal epidural steroid injections, paravertebral sympathetic block, home support services for personal care, and knee brace. A physician progress note dated 03/18/2015 documents the injured worker complains of severe pain in the left flank and back, left groin, lateral hip, medial thigh, a cramping pain around left ribs, and left upper quadrant. She reports of nightmares on Tylenol # 3. She is requesting a new knee brace, hers is worn out. Tylenol # 3 was discontinued and Baclofen was ordered. The treatment plan was for L1-L2 Trans laminal epidural and L2 paravertebral sympathetic block, Wellbutrin XL 150mg, Clonidine 0.1mg, and Neurontin 100mg. Treatment requested is for Tylenol #3, #120, 1 refill (DND 04/17/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol-3, #120, 1 refill (DND 04/17/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3, #120 with one refill (DND April 17, 2015) is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is T 11 paraplegia incomplete. The March 18, 2015 progress note is largely illegible (including the diagnosis). Subjectively, the injured worker complains of crampy pain around the left red and left upper quadrant. The injured worker admits to having nightmares on Tylenol #3 (very bad) but no hallucinations. The injured worker states he is having severe pain and flashbacks. Objectively, there are no clinical entries in the medical record. The treatment plan states discontinue Tylenol #3. This is the most recent progress note in the medical record. There is no clinical indication or rationale for a Tylenol #3 renewal when the intent of the physician is to discontinue Tylenol #3. Consequently, absent clinical documentation with a clinical indication and rationale for Tylenol #3, Tylenol #3, #120 with one refill (DND April 17, 2015) is not medically necessary.