

<b>Case Number:</b>	CM15-0071698		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Preventive Medicine, Occupational 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 52 year old male who sustained an industrial injury on December 12, 2013. He has reported injury to the back, left chest, left wrist, and right knee and has been diagnosed with cervical spine sprain/strain with myospasms, lumbar spine sprain/strain with myospasms, left wrist sprain/strain, rib pain, left wrist arthrosis, left wrist effusion, lumbar spine multilevel disc protrusions, lumbar spine discogenic spondylosis, lumbar spine annular tear, lumbar spine stenosis, cervical spine disc protrusion, cervical spine discogenic spondylosis, cervical spine facet arthrosis, chest pain, chest contusion, left L5 radiculopathy, and bilateral peripheral neuropathy of the lower extremities. Treatment has included medications, physical therapy, acupuncture, and aquatic therapy. Currently the injured worker had tenderness to palpation with spasms of the paraspinals and the upper trapezius muscles on the left of the cervical spine. There was tenderness to palpation with spasms of the paraspinals of the thoracic spine and tenderness to palpation of the medial aspect of the right knee. The treatment request included Tylenol # 3, aqua relief system, and urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol NO.3 #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Tylenol with Codeine.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Per ODG, Tylenol with Codeine is recommended as an option for mild to moderate pain. Codeine with acetaminophen is a C-III 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. Codeine has disadvantages in that it is a pro drug that needs to be converted by the cytochrome P450 isoenzyme 2D6 to morphine, plus there are FDA alerts of ultra-rapid metabolism. Codeine should be used in caution in patients with a history of drug abuse. Tolerance as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behavior that may necessitate immediate discontinuation of the medications. The guidelines state that the use of Tylenol with codeine is an appropriately used on a trial basis with other medications and treatments have failed. This request however, is for more than what is required for trial. The request for Tylenol NO.3 #60 with 1 refill is determined to not be medically necessary and appropriate.

**Aqua Relief System purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Knee & Leg section, Continuous Flow Cryotherapy, Low Back section, Continuous Flow Cryotherapy.

**Decision rationale:** The MTUS guidelines do not address the use of continuous-flow heat/cold therapies; therefore, alternative guidelines have been consulted. Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more

frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. The ODG recommends the use of this therapy as an option after surgery but not for non-surgical treatment. This injured worker has not undergone recent surgery and there is no evidence that he has been approved for surgery. This request also is not for a short term rental that may be appropriate following surgery. The request for 1 Aqua Relief System purchase is determined to not be medically necessary.

**Urine Toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing/Opioids Page(s): 43 and 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker had a urine drug screening on 11/13/14 to assess previous use. Medication regimen has been changed significantly, so another urine drug screening to assess for aberrant drug behavior is reasonable. The request for Urine Toxicology is determined to be medically necessary.