

<b>Case Number:</b>	CM15-0091677		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 75 year old female who sustained an industrial injury on 02/15/2002. Current diagnoses include cervical myofascial pain and superimposed on cervical disc disease. Previous treatments included medication management. Initial injuries were sustained to the neck and upper back due to constant inputting of information into a computer. Report dated 04/14/2015 noted that the injured worker presented with complaints that included neck pain. Pain level was not included. Physical examination was positive for tenderness in the cervical musculature, palpable muscle spasms, antalgic head carriage, and an involuntary twitch in the right cervical musculature. The treatment plan included requests for Tylenol #3, Benzotropine, and a referral to a neurologist. Disputed treatments include Tylenol #3 300/30mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 300/30mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Tylenol #3 (codeine/acetaminophen), California Pain Medical Treatment Guidelines state that Tylenol #3 is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Tylenol #3 (codeine/acetaminophen) is not medically necessary.