

<b>Case Number:</b>	CM15-0091686		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/24/1998
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/01/2015
<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: Connecticut, California, Virginia

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 71 year old female, who sustained an industrial injury on 09/24/1998. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having generalized myofascial pain, cervical stenosis, left cervical foraminal stenosis, left leg edema, chronic pain, and moderate lumbar stenosis. Treatment and diagnostics to date has included medications and urine drug screen which have been consistent. In a progress note dated 04/18/2015, the injured worker presented with complaints of persistent neck and back pain which she rates a 6-7 out of 10 on the pain scale. The progress report states the injured worker recently increased her Norco to four times a day due to increased pain from not having her Flexeril. Objective findings include severely antalgic gait and tenderness to palpation to the cervical and lumbar paraspinal muscles with decreased range of motion. According to the application, the treating physician is requesting authorization for Tylenol #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference, [www.rxlist.com]www.rxlist.com, ODG Workers compensation drug formulary, [www.odg-

twc/formulary.htm]www.odg-twc/formulary.htm, Epocrates online www.online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid]www.empr.com-opioid dose calculator- Agency medical directors group dose calculator.

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

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, and lack of evidence to support functional improvement on the medication, the request for Tylenol #3 is not considered medically necessary.