

<b>Case Number:</b>	CM15-0095808		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	05/04/2007
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male sustained an industrial injury on 5/4/07. He subsequently reported neck and back pain. Diagnoses include cervical and lumbosacral musculoligamentous strain/ sprain with radiculopathy. Treatments to date include MRI and x-ray testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the lower extremities. Upon examination, trigger points were noted in the spinal axis, range of motion was reduced. Lower extremity range of motion was full. Sensory examination shows some dullness to the nail bed pressure in the left great toe. Motor examination is grossly within normal limits. Straight leg raising test is equivocal on the right and positive on the left. A request for Tylenol No. 3 #60 medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in May 2007 and continues to be treated for radiating low back pain. When seen, pain was rated at 8-9/10. There was tenderness with muscle spasms and decreased range of motion throughout the spine. Medications being prescribed include Tylenol #3 at a total MED (morphine equivalent dose) of 9 mg per day. Tylenol #3 (acetaminophen with codeine) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Tylenol #3 is not medically necessary.