

<b>Case Number:</b>	CM15-0003577		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Texas, New York, 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, mid back and low back pain reportedly associated with an industrial injury of May 27, 2009. In a Utilization Review report dated December 8, 2014, the claims administrator failed to approve a request for Tylenol No. 3. The claims administrator referenced a November 19, 2014 office visit in its determination. The applicant's attorney subsequently appealed. On June 2, 2014, the applicant reported ongoing issues with depression, anxiety, and posttraumatic stress disorder. Ambien, Ativan, Prozac, and Cialis were endorsed. On June 20, 2014, the applicant reported ongoing complaints of low back pain, 7-8/10. Norco was continued. The applicant's work status was not detailed, although it did not appear that the applicant was working. No seeming discussion of medication efficacy transpired. In a handwritten progress note dated July 9, 2014, the applicant reported ongoing complaints of low back pain, 7-8/10, status post earlier lumbar epidural steroid injection. The note was very difficult to follow, handwritten, and not altogether legible. No seeming discussion of medication efficacy transpired. In a handwritten note dated November 19, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and back pain. Tylenol No. 3, Neurontin, and Prilosec were endorsed while the applicant was kept off of work. There was no mention of whether or not the applicant was still using previously prescribed Norco. An earlier note of October 27, 2014, however, suggested that the applicant was in fact using Norco at a rate of two to three times daily as of that date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** No, the request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider failed to reconcile his decision on November 19, 2014 to introduce Tylenol No. 3 with the report of another provider on October 27, 2014 suggesting that the applicant was using a second short-acting opioid, Norco, as of that date. A clear rationale for concurrent usage of two short-acting opioids was not established via the handwritten November 19, 2014 office visit. Therefore, the request was not medically necessary.