

<b>Case Number:</b>	CM13-0014978		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	01/11/2006
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old female who reported an injury on 01/11/2006. The mechanism of injury was a combination of various modalities to include the patient having been involved in a motor vehicle accident in 1983 where she suffered a concussion, as well as whiplash. In 04/2003, the applicant also recalled falling on her patio into her left ankle and right arm. In 07/2004, the patient underwent left knee surgery which was performed on a non-industrial basis. From 12/2004 through 01/2006, the patient began noticing symptoms in her left upper extremity which included pain radiating from her forearm down into her fingers which included numbness. In 2005, the patient had a cyst removed from her left forearm region. In the interim, the patient continues to notice ongoing right upper extremity complaints including her shoulder all the way down to her hand. Although she denied any neck symptoms, she did complain of ongoing intermittent left elbow pain. The patient participated in some physical therapy which she regarded as not being helpful. In 07/2006, the applicant also was provided an injection to her right wrist which stated it worsened her diabetes and from then forward she declined any further injections. In 05/2007, the patient underwent right carpal tunnel release which gave her gradual improvement in her right hand and wrist. According to the documentation dated 10/09/2012 through to the most current date of 07/25/2013, the patient has been utilizing Tylenol with codeine at an unknown dose to help alleviate her pain. The physician is now requesting a refill of the APAP/Codeine 30/300 tablets, 30 tabs total.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP/Codeine 30-300 tabs #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Codeine is recommended as an option for mild to moderate pain, but should be used with caution as this medication can cause psychological and physical dependence. As noted in the documentation provided for review, the patient has been utilizing this medication for over a year with continuous pain noted in her neck and upper extremities with no real change in her pathology from her progress report dated 05/10/2012 all the way through her progress report dated 07/25/2013. Furthermore, APAP/Codeine at 30/300mg is noted as being the third highest dose available. Due to the documentation not providing a clear dosage for the medication throughout the past evaluation dates, as well as no clear improvements in the patient's level of pain, it is unclear why the physician wants to continue on with the high dose of acetaminophen and codeine at this time. Lastly, due to the fact the most recent documentation provided for review is from nearly 6 months ago, the medical necessity for APAP/Codeine cannot be determined at this time. The request for APAP/Codeine 30-300 tabs #30 is not medically necessary and appropriate