

Case Number:	CM13-0062978		
Date Assigned:	12/30/2013	Date of Injury:	12/10/2012
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in Florida. 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/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:

This is a 49-year-old female patient with a date of injury of 12/10/2012; the mechanism of injury was that the patient sustained a right thumb injury while stopping a door from shutting. There was a diagnosis of tendonitis bursitis of the right wrist, and the request is for Tylenol No. 3. The patient previously underwent an unspecified right wrist surgery with the date not provided. The patient reported severe right wrist and hand pain. There was associated numbness and radiating pain going up the right shoulder. She reported that the pain was aggravated by gripping, grasping and doing housework. There was 4+ spasm and tenderness to the right anterior wrist and right lateral thumb. The patient had a positive bracelet test and Finkelstein's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL NO. 3 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

Decision rationale: The guidelines state that common effects include CNS depression and hypotension. Drowsiness and constipation occur in more than 10% of cases. Codeine should be

used with caution in patients with a history of drug abuse. Tolerance as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. Doses may be given as needed up to every 4 hours. The request for 120 capsules of Tylenol No. 3 is not necessary. On 12/18/2013, the patient presented complaining of constant severe pain that was described as sharp and aggravated by gripping, grasping and doing housework. Objective findings were bilateral upper extremities within normal limits as well as deep tendon reflexes, dermatomes and myotomes. There was 4+ spasm and tenderness to the right anterior wrist and right lateral thumb. Wrist range of motion was captured digitally by Acumar. A report and graph were attached to the documentation submitted for review. Bracelet test was positive on the right; Finkelstein's was positive on the right. The California MTUS Guidelines indicate that dosages may be given as needed up to every 4 hours for pain, and abrupt discontinuation after prolonged use may result in withdrawal. A urine drug screen collected on 11/13/2013 was negative for the tested substances; however, there was no result noted for codeine. As such, the requested Tylenol No. 3 is not medically necessary or appropriate.