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| <b>Case Number:</b>   | CM14-0108850 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 05/18/2000 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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, has a subspecialty in Pain Medicine 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:

The injured worker is a 55-year-old female who reported an injury on 05/18/2000. The mechanism of injury was not stated. The current diagnoses include right shoulder impingement syndrome, internal medicine diagnosis, psychological diagnosis, status post removal of hardware in the cervical spine, status post anterior cervical discectomy and fusion, status post bilateral carpal tunnel release with recurrent carpal tunnel syndrome, and multilevel cervical spondylosis. The only documentation submitted for this review is a primary treating physician's report on 01/02/2014. The injured worker presented with complaints of ongoing neck pain, stiffness and radiation into the upper extremities. Previous conservative treatment includes acupuncture and medication. Physical examination revealed tenderness at the posterior and bilateral trapezius musculature, limited cervical range of motion, and intact sensation in the upper extremities. The injured worker also demonstrated a mildly positive impingement sign of the right shoulder. Treatment recommendations included a refill of Tylenol with Codeine and Dendracin lotion. There was no DWC form RFA submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol with Codeine #3 1 tablet qd prn:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend Codeine as an option for treatment of mild to moderate pain as indicated and is used as a single agent or in combination with acetaminophen and other products. The injured worker has utilized this medication for an unknown duration and there is no documentation of objective functional improvement. In addition, there is also no quantity listed in the current request. As such, the request is not medically necessary.

**Topical Ultracin lotion apply bid 120gm:** 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 Page(s): 111-113..

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication and there is also no strength listed in the request. As such, the request is not medically necessary.