

Case Number:	CM14-0019812		
Date Assigned:	04/28/2014	Date of Injury:	01/02/2007
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of January 2, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier de Quervain's tenosynovitis release surgery; carpal tunnel release surgery; a shoulder corticosteroid injection; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a progress note dated January 30, 2014, the claims administrator partially certified Tylenol with Codeine, reportedly for weaning purposes. The applicant's attorney subsequently appealed. A November 6, 2013 progress note was sparse, notable for comments that the applicant should transfer care elsewhere. The applicant's case and care have been complicated by diabetes, it was stated. The applicant was described as remaining disabled. Prescription for Tylenol with Codeine was furnished on this date but was not seemingly mentioned or alluded to in the progress note provided. Similarly, on August 7, 2013, the applicant was given prescription for Tylenol No. 3, #40, with three refills. The applicant was again described as off of work, remaining 100% permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/CODEINE 300/30MG, #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- ON GOING MANAGEMENT Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Tylenol with Codeine is a short-acting opioid. The request in question did represent a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant remains off of work and has reportedly been deemed permanently disabled, the attending provider has written. There is no mention of improved performance of activities of daily living and/or diminished pain scores achieved as a result of ongoing opioid therapy. The progress notes provided are sparse, handwritten, and at times, difficult to follow. There was no mention of any activities of daily living being ameliorated with ongoing opioid therapy. Therefore, the request is not medically necessary, for all of the stated reasons.