

<b>Case Number:</b>	CM14-0157779		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 injured worker is presented with the date of injury of February 18, 2014. A Utilization Review was performed on September 17, 2014 and recommended non-certification of Tylenol No. 3 (Codeine 30/Acetaminophen 300) 1-2 tabs q8 hours for pain #90 due to lack of documentation that the prescriptions were from a single practitioner and were taken as directed, the lower possible dose was prescribed, and there would be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and non-certification of and Kera-Tek Analgesic Gel 4 oz. apply thinly to affected area 2-3x/day. A Progress Report dated September 11, 2014 identifies Subjective Complaints of right shoulder, right elbow, and right wrist pain. She is taking Tylenol No. 3 and reports improvement in her pain level from 8/10 down to 4/10 after taking medication. Objective findings identify appropriately limited range of motion of the right shoulder because of pain. Diagnoses identify status post right shoulder rotator cuff repair. Treatment Plan identifies continue with Tylenol No. 3 and dispense Kera-tek gel. A urine toxicology screen was requested as part of a pain-treatment agreement during opioid therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL NO.3(CODEINE30/ACETAMINOPHEN300) 1-2 TABS Q8HOURS FOR PAIN #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Tylenol No. 3 (Codeine/Acetaminophen), California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is note that Tylenol No. 3 reduces the patient's pain by 50%. In addition, the patient is being monitored appropriately with random urine drug screens and there is a pain agreement in place. As such, the request for Tylenol No. 3 (Codeine/Acetaminophen) is medically necessary.

**KERA-TEK ANALGESIC GEL 4OZ., APPLY THINLY TO AFFECTED AREA 2-3X/DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Regarding request for Kera-Tek, the requested topical compound is a combination of Gabapentin, Cyclobenzaprine, and Ultram. Chronic Pain Medical Treatment Guidelines state topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, there is no indication of neuropathic pain when trials of antidepressants and anticonvulsants have failed. In the absence of such documentation, the request for Kera-Tek is not medically necessary.