MAXIMUS Federal Services

Case Number:	CM14-0022751		
Date Assigned:	06/11/2014	Date of Injury:	05/02/2011
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 40 year old male who reported an injury on 05/02/2011 when a power tool caught on an object and was wrenched from his hand while working. The injured worker was diagnosed with: 1) right thumb sprain/strain with narrowing of the interphalangeal joint with healed fracture of the distal phalanx, with increased radiotracer in interphalangeal joint of the left fifth digit, arthritic/post-traumatic, per bone scan (dated 11/22/20132); 2) cervical musculoligamentous sprain/strain and myofascial pain syndrome with right upper extremity radiculitis; 3) right shoulder periscapular strain with bursitis/tendinitis impingement; 4) thoracolumbar musculoligamentous sprain/strain with right sided sacroiliac joint pain; 5) sleep disorder secondary to chronic pain; 6) right knee patellofemoral arthralgia; 7) psychiatric complaints/inguinal pain, referred. The injured worker received conservative care including a three-phase bone scan on 11/22/2013. The procedure noted 1) focus of increased radiotracer activity only on delayed images within the proximal interphalangeal joint of the left digit which may be arthritic or post-traumatic; and 2) no thumb abnormalities are seen bilaterally. The injured worker's physician has been prescribing Tylenol #3 for pain. A request for request for authorization and rationale for the request is provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL NUMBER 3 #60: Upheld

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

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

Decision rationale: The request for Tylenol #3 60 tablets in non-certified. The injured worker has received conservative care with no abatement to symptoms. Further, he is diagnosed with depression with no signs or symptoms of improvement as well. The CA MTUS guidelines for chronic pain note the combination of Tylenol with codeine is to be prescribed for mild to moderate pain; the injured worker describes his pain as greater than that pain range; further, the injured worker is now presenting with one of the adverse side effects noted in these guidelines falling into the range of greater than 10% of the population taking this medication. The request also does not include a frequency. As such, the request is not medically necessary.