

Case Number:	CM14-0051022		
Date Assigned:	06/23/2014	Date of Injury:	04/04/2013
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/21/2014

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 Family 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:

This injured worker's date of injury is 04/04/2013. Previously, the patient was diagnosed with L cubital tunnel syndrome, subluxation of the distal L radial ulnar joint, and flexor tenosynovitis of the fifth finger. MRI studies revealed ulnar sided TFC tear and flexor tenosynovitis. Nerve studies on 9/5/'13 were normal. The patient is receiving treatment for chronic L wrist and forearm pain. The treating physician documents in his note dated 03/06/'14 that the patient was treated with tramadol, Celebrex, which both caused side effects ("made ill" and caused rash, respectively). Tylenol and codeine was tried and failed previously in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Tylenol with Codeine 300/30mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76 - 78.

Decision rationale: This injured worker receives treatment for chronic L forearm and wrist pain. Prescribing opioids for chronic limb pain requires documentation of assessing improvement in functioning, documentation of levels of pain control achieved, screening for and documenting

any signs of abuse, addiction, or aberrant behavior, such as doctor shopping or misuse of medication. Based on the documentation, the request for Tylenol with codeine is not medically certified.