

Case Number:	CM14-0051818		
Date Assigned:	07/07/2014	Date of Injury:	05/13/2006
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 patient is a 55-year-old female who has submitted a claim for adhesive capsulitis of shoulder, chronic pain syndrome, and major depressive disorder associated with an industrial injury date of 05/13/2006. The patient complained of back and right hip pain, alleviated upon intake of medications. She likewise complained of depression and anxiety. The physical examination showed that patient was friendly, cooperative, alert and oriented. There was no sign of thought disorder. She scored 30 on the mind over mood depression inventory and a 13 on the Hamilton depression rating scale. She scored 41 on the mind over mood anxiety inventory and 8 on the Hamilton anxiety rating Scale. The treatment to date has included psychotherapy and medications such as Tramadol, Tylenol #3, Paroxetine, and Doxepin. The utilization review from 04/01/2014 modified the request for Tylenol #3, Qty 90 into Qty #20 for the purpose of weaning because long-term use was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol no. 3, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: when to Continue; when to Discontinue; Adverse Side Effects; Morphine Equivalent Dosage; Weaning; Urine Drug Testing / codeine and acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioid Page(s): 35, 80.

Decision rationale: Tylenol #3 (Tylenol with codeine) is a brand name for acetaminophen with codeine. According to California MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, patient has been on Tylenol #3 since October 2013. Progress report from 01/28/2014 cited that patient reported beneficial effects from Tylenol use. However, there was no objective evidence of functional improvement. Moreover, no musculoskeletal examination was presented for review. Tylenol is likewise recommended for short-term relief only. Therefore, the request for Tylenol #3 is not medically necessary.