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| Case Number: | CM14-0056737 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 05/09/1999 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 46-year-old female who sustained a work related injury on May 9, 1999 as result of an unknown mechanism of injury. Since her injury she reports nearly continuous back pain. On her most recent progress notes she reports a complaint of low back pain that is severe in intensity with pain along the left side of her body as well. Her pain is exacerbated by changes in weather. Her physical examination includes the documentation of excellent range of motion, ambulating with no limp, distal neurosensory intact and neurologically intact for the lower extremities. A lumbar MRI dated 09/02/10 identifies a partial sacralization of the left L5 vertebral body, a broad based disc protrusion of 2-3mm is seen at L3-4 causing mild canal stenosis with moderate right and mild left foraminal stenosis, ligamentum flavum hypertrophy and degenerative joint disease present within the facets. In dispute is a decision for Tylenol with Codeine No. 4, 60mg, #600.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine No. 4, 60 mg # 600: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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

Decision rationale: Codeine is recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule II controlled substance. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. Tylenol #4 is a combination medication with 60mg of codeine and 300mg of Acetaminophen. The medication itself may be warranted and authorized for use to treat the patient's pain; however, the sheer number of tablets requested is greatly excessive. 600 tablets of Tylenol #4 is not medically necessary.