

Case Number:	CM14-0063009		
Date Assigned:	07/11/2014	Date of Injury:	07/05/2013
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 07/05/2013. The mechanism of injury was not provided for clinical review. The diagnoses included thoracic sprain/strain and intercostal neuritis. Previous treatments included Epidural Steroid Injections, chiropractic sessions, and medication. Diagnostic testing included an MRI. Within the clinical note dated 02/10/2014, it was reported the injured worker complained of frequent mid back pain. He rated his pain 2/10 to 6/10 in severity. He complained of intercostal pain occasionally rated 4/10 in severity. The injured worker complained of left lateral and anterior constant pain rated 3/10 to 8/10. Upon the physical examination, the provider noted the lumbar active range of motion had improved. The provider indicated the injured worker had tenderness to palpation of the thoracic paraspinals, rhomboids, left intercostal. The request submitted is for Tylenol with codeine. However, the rationale is not provided for clinical review and the request for authorization was not provided for clinical review. Therefore this request is medically not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Tylenol with Codeine is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication since at least 01/2014. The use of a urine drug screen was not provided for clinical review. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is not medically necessary.