

Case Number:	CM14-0071973		
Date Assigned:	07/16/2014	Date of Injury:	04/09/2010
Decision Date:	08/29/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 and is licensed to practice in Texas and Ohio. 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 57-year-old female who reported an injury on 04/09/2012. The mechanism of injury occurred when she and another officer were breaking up an altercation and she was restraining a juvenile when her left leg was injured. The injured worker's treatment history included medications, Synvisc One injection, acupuncture treatment, physical therapy, and cortisone injections. The injured worker was evaluated on 04/16/2014 and it was documented the injured worker had left hip pain. Her left hip pain was severe, constant, sharp, cramping, numbness, weakness. The physical examination of the left hip revealed range of motion tenderness lateral and anterior. Fabere test was positive. The diagnoses included S/P left hip scope, left knee, and hypertension. Medications included Norco 10 mg, Lidoderm patches, and Tylenol # 3. It was noted her pain with medication was 7/10 to 8/10 and without medication it was 10/10. The request for authorization dated 04/16/2014 was for Tylenol # 300/30mg; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30mg 1 PO Q5H prn #120 with one (1) refill: 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: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state Tylenol 3 is recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to Morphine. 60mg of Codeine is similar in potency to 600mg of Acetaminophen. It is widely used as a cough suppressant. 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. Common effects include central nervous system (CNS) depression and hypotension. Drowsiness and constipation occur in greater than 10% of cases. Codeine should be used with caution in patients with a history of drug abuse. Tolerance as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. The documentation submitted indicated the injured worker had conservative care such as physical therapy outcome measurements or long-term functional goals were not submitted for this review. The request for Tylenol #3 300/30mg 1 PO Q5H PRN #120 with 1 refill is not medically necessary.