

Case Number:	CM14-0084725		
Date Assigned:	07/21/2014	Date of Injury:	08/28/2002
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old female who reported an injury on 08/28/2002. While she was working for [REDACTED], she sustained injuries to her neck and left shoulder. The injured worker's treatment history included MRI studies, epidural steroid injections, medications, surgery, and EMG studies. The injured worker was evaluated on 05/22/2014, and it was documented that the injured worker complained of neck, bilateral arm, and back pain for 10 years. She was there for a follow up and medication refills. She was reporting low back pain and bilateral lower extremity symptoms that she stated she has been suffering for 5 months or so. The physical examination revealed gait was non-antalgic; the injured worker was able to heel and toe walk. At her best posture, she does not demonstrate any major postural abnormalities or guarding. Within the documentation submitted, the injured worker has been on Tylenol with codeine No. 3 ongoing since approximately 2012. Medications included Lidoderm 5% patches, cyclobenzaprine 7.5 mg, Ativan 0.5 mg, Lisinopril, Tylenol No. 3 with codeine 300 mg, hydrochlorothiazide 25 mg, omeprazole 20 mg, Vicodin 10/325 mg, Zanaflex 4 mg, and Lyrica 25 mg. The provider failed to indicate VAS measurements for medication use for the injured worker. Diagnoses included neck pain, myofascial pain, shoulder pain, cervical disc with radiculitis, and carpal tunnel syndrome. The Request for Authorization dated 05/23/2014 was for Tylenol with codeine No. 3 and the rationale was to control the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Tylenol with Codeine # 3, #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Adverse effects; Weaning of Medications.

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

Decision rationale: The Prospective request for 1 prescription for Tylenol with Codeine # 3, #90 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Tylenol #3 is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. 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. Adverse effects: Common effects include CNS depression and hypotension. Drowsiness and constipation occur in > 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; however, outcome measurements or long-term functional goals were not submitted for this review. Additionally, the request failed to include frequency and duration of medication. The request for Tylenol with Codeine # 3, # 90 is not medical necessary.