

Case Number:	CM14-0192737		
Date Assigned:	11/26/2014	Date of Injury:	12/28/2005
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 44 year old a male who sustained a work related injury on 12/28/2005. The mechanism of injury is not described in the medical records received. Per the Primary Treating Physician's Progress Report dated 9/25/2014 the injured worker reported some blurring of vision after reading for prolonged periods and a slight sensation of obstruction with swallowing. An ENT consultation had been performed and failed to note significant pathology. He also reported some cognitive deficits associated with his head injury. He has chronic pain at the left side of the neck with intermittent headaches. There is some intermittent radiating numbness and tingling into his left upper extremity down the left hand. The injured worker reported not taking his prescribed medications due to the prescriptions not being authorized. He reported that he currently functions with activities of daily living at 40-50% of the day, whereas he was able to function adequately for 70% of the day with the use of medications. He reports somnolence during the day due to lack of sleep. Magnetic resonance imaging (MRI) of the brain dated 5/13/5011 revealed small signal abnormalities in the left anterior basal ganglion region suggesting the possibility of lacunar infarcts sequelae of previous hyper-intensive incidents or less likely post traumatic. Physical examination revealed slight tenderness in the lower cervical paraspinal region, Adson's maneuver is slightly positive on the left; there was some slight to moderate tenderness to palpation in the left paraspinal region. The clinical impression was status post-concussion with post concussive syndrome with cognitive deficits including processing, short term memory, visual spatial deficits and executive functioning per neuropsych testing. Other diagnoses included chronic cervicgia, transient mild hypertension resolved following treatment with antidepressants, possible left thoracic outlet syndrome, cervical strain, sleep disturbance, depression and left lumbar strain. The plan of care included medication management. Disability Status was permanent and stationary. On 11/04/2014, Utilization Review modified a prescription

for Tylenol with codeine #3, #90 x 1 refill, based on lack of medical necessity for long term use. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine #3, #90 x 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Tylenol with codeine #3 #90 x1 refill, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain, there is documentation regarding side effects, and there is documentation of a signed pain contract. As such, the currently requested Tylenol with codeine #3 #90 x1 refill is medically necessary.