

Case Number:	CM14-0042663		
Date Assigned:	06/20/2014	Date of Injury:	10/10/2012
Decision Date:	04/16/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, ankle, and foot pain reportedly associated with an industrial injury of October 10, 2012. In a Utilization Review Report dated February 27, 2014, the claims administrator failed to approve a request for Tylenol No 3. The claims administrator referenced an RFA form received on January 28, 2014 in its determination and an associated progress note of December 27, 2013. The applicant's attorney subsequently appealed. On August 22, 2013, the applicant was placed off work, on total temporary disability, owing to ongoing complains of low back pain some 7 months removed from the date of kyphoplasty procedure. Ancillary complaints of foot and leg pain were noted. The applicant was still using crutches to move about. The applicant was using Norco, Colace and Prilosec, it was acknowledged. The applicant was kept off work, on total temporary disability. A topical compounded medication was introduced. In a December 27, 2013 progress note, the applicant was, once again, placed off work, on total temporary disability. Tylenol No. 3 was introduced on the grounds that the applicant had developed adverse effects with Norco. The applicant did have pain complaints ranging from 7 to 9/10, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 30/300mg #60 one to two tablets every six hours as needed for pain with a maximum of five/day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine with or without Tylenol.

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

Decision rationale: Yes, the request for Tylenol No 3, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 35 of the MTUS Chronic Pain Medical Treatment Guidelines, codeine, either as a single agent or in combination with Tylenol, is recommended in treatment of mild-to-moderate pain. Here, the applicant had had complaints of mild-to-moderate pain (or greater) on or around the date of the request, December 27, 2013. The request in question did seemingly represent a first-time prescription for Tylenol with Codeine, apparently introduced on the grounds that the applicant was having adverse effects with previously prescribed Norco. Introduction of Tylenol No. 3, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.