

<b>Case Number:</b>	CM15-0015151		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old female with an industrial injury dated March 8, 2010. The injured worker diagnoses include sprain in the shoulder/arm, sprain wrist, sprain and strain of unspecified site of the elbow and forearm, carpal tunnel syndrome, reflex sympathetic dystrophy (RSD) upper limb, dysthymic disorder, chronic pain syndrome and limb pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, consultations and periodic follow up visits. According to the progress note dated December 22, 2014, the injured worker reported that her short acting pain medication was not lasting long. The injured worker presented for further evaluation of right upper extremity RSD. The treating physician noted that her right shoulder was very restricted on forward flexion and abduction. The treating physician prescribed Tylenol with Codeine #3 tabs #120 x2. Utilization Review determination on January 2, 2015 modified the request for Tylenol with Codeine #3tabs to one month's supply for weaning purposes, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol with Codeine #3 tabs #120 x2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The requested provision of 2 refills prevents mandatory periodic assessment of the aforementioned, making this request not medically necessary.