

Case Number:	CM15-0018630		
Date Assigned:	02/06/2015	Date of Injury:	11/09/2011
Decision Date:	04/03/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 11/09/2011. The injured worker reportedly suffered a cervical spine and shoulder sprain when removing her coat. Treatment has included home exercise, medications, and aquatic therapy. The injured worker is currently diagnosed with cervical spine musculoligamentous sprain, thoracic spine musculoligamentous sprain, bilateral shoulder sprain, bilateral carpal tunnel syndrome, and right knee sprain. The injured worker presented on 01/09/2015 with complaints of ongoing neck pain with radiation into the bilateral upper extremities causing weakness, numbness, and tingling. The injured worker also noted that she had fallen on 2 separate occasions. Upon examination, there was 20 degrees flexion and extension of the cervical spine, tenderness and spasm over the paravertebral and trapezial musculature bilaterally, tenderness at the paravertebral musculature of the thoracic spine with spasm and limited range of motion, 80 degrees abduction and flexion of the right shoulder, 90 degrees abduction and flexion of the left shoulder, and 0 degrees to 120 degrees range of motion of the right knee with mild to moderate effusion. Strength was 5+/5 shoulder abduction, and wrist flexion and extension. There was decreased sensation present in the middle, ring, and small fingers of the right hand. Recommendations included continuation of the current medication regimen of fenoprofen, Soma, Tylenol No. 3, and a topical compounded cream. The injured worker was also instructed to continue with a home exercise program and aquatic exercises. A Request for Authorization form was then submitted on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Codeine #3 QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

Decision rationale: The California MTUS Guidelines recommend codeine as an option for mild to moderate pain as indicated. It is used as a single agent or in combination with acetaminophen and other products for treatment of mild to moderate pain. In this case, the injured worker has continuously utilized the above medication since at least 11/2014. There was no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.