

Case Number:	CM15-0169985		
Date Assigned:	09/10/2015	Date of Injury:	12/17/1995
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an industrial injury on 12-17-1995. Diagnoses include internal derangement of the knee, joint pain bilateral shoulders, reflex sympathetic dystrophy of the right upper extremity, lumbosacral neuritis, post laminectomy syndrome, cervical radiculitis, and disc degeneration. She has a history of pulmonary embolism, arthritis, blood clots and hypertension. A physician progress note dated 08-05-2015 documents the injured worker complains of daily headaches. She has been dealing with increased pain and a flare up recently. Her pain has been getting worse. She states she had an epidural steroid injection about a year ago and has 50% relief of pain that lasted over 6 weeks. She has continued low back pain, and pain radiating to her hand as well. She has increased pain in the head and neck that she rates as 8 out of 10 and she increased lower back pain rated 9 out of 10. Her knee pain is unchanged and rated 8 out of 10. She report increased left shoulder pain rated 6 out of 10, and increased pain in her left knee rated 6 out of 10. He right shoulder pain has decreased to 4 out of 10. She reports difficulty with sleep. She received a subacromial bursa injection with this visit. On examination there is tenderness to palpation over the right sub occipital region, left sub occipital region, right upper cervical facets, left upper cervical facets, right upper paravertebral spasm, left upper paravertebral spasm, right trapezius spasm, and left trapezius spasm. Spurling sign is positive for the right. Treatment to date has included diagnostic studies, medications, acupuncture, epidural steroid injections, facet joint injections, heat treatment, massage therapy, physical therapy, home exercises, sympathetic block, use of a Transcutaneous Electrical Nerve Stimulation unit, and left shoulder cortisone injection. She is status post left arthroscopy surgery of the shoulder in 2008, anterior lumbar fusion in 1992, arthroscopy- debridement of the right femryl condyle of the right knee in 1996, ORIF left wrist fracture in 2001, lumbar laminectomy,

posterior, interbody fusion , and internal fixation on 08-15-2013, left carpal tunnel release and left wrist removal of hardware in 2004, right carpal tunnel surgery and DeQuevarian release in 2005, right shoulder arthroscopy, subacromial decompression and acromioclavicular joint resection in 2011, and left right ganglion cyst excision in 2009. Her medications include Tylenol #3, and Dexilant. Aleve was discontinued. A physician note dated 03-04-2015 documents the injured workers pain is the same, with increase in her right knee pain and she is now wearing a boot. She can dress herself, cook, and shower and bath herself. She can walk but only for 10 minutes before her feet and toes go numb and she gets sharp shooting pain in her ankles. She cannot vacuum, mop or sweep. Her husband helps with the laundry. She has been on Tylenol # 3 since at least 03-04-2015. On 08-17-2015 the Utilization Review modified the requested treatment Tylenol with Codeine #3, Qty 60, to Tylenol with Codeine #3 quantity 30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3, Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine, Opioids for chronic pain.

Decision rationale: Tylenol #3 is a combination of Codeine and Acetaminophen indicated for short-term pain relief. Evidence-based guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medication usage, and side effects are required with opioid use. In this case, the pain levels are reported, but there is no documentation of objectifiable functional benefit or recent compliant drug screen. In addition, the claimant has been taking the Tylenol #3 since 3/14/2015 and continued long-term use is not medically necessary or appropriate.