

Case Number:	CM15-0180174		
Date Assigned:	09/22/2015	Date of Injury:	04/05/2010
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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

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 injured worker is a 57 year old male, who sustained an industrial injury on 4-5-2010. Medical records indicate the worker is undergoing treatment for lateral epicondylitis. A recent progress report dated 8-25-2015, reported the injured worker complained of ongoing left elbow pain that is getting more painful with light activities. The pain was not quantified with a numerical rating on this date of service. Records indicate the injured worker has reported left elbow pain consistently since the injury date per the 12-4-2014 supplemental report. Physical examination revealed lateral left epicondyle tenderness and pain with resisted wrist extension about the left elbow. Sensation was grossly intact in the left upper extremity. Treatment to date has included psychological care, hand therapy and Ambien. The injured worker requested a light narcotic and on 8-25-2015, the Request for Authorization requested Tylenol with codeine #45 - one every 6-8 hours as needed for pain. This is a new prescription for the injured worker. On 9-1-2015, the Utilization Review noncertified a request for Tylenol with codeine #45 -one every 6-8 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine #45 one PO every 6-8 hours PRN for pain: 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): Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no evidence that the injured worker has attempted the use of non-narcotic medications to manage his pain. Additionally, there is no pain agreement available for review. There is also no baseline urine drug screen or baseline assessment of pain for later comparison. There are no treatment goals associated with the new prescription for Tylenol with Codeine. The request for Tylenol with codeine #45 is not medically necessary.