

Case Number:	CM15-0184484		
Date Assigned:	09/25/2015	Date of Injury:	10/30/1997
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California

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 73-year-old female, who sustained an industrial injury on 10-30-1997. The injured worker is currently temporarily very disabled. Medical records indicated that the injured worker is undergoing treatment for status post left knee contusion-sprain with severe medial compartment degenerative joint disease, left shoulder strain-acromioclavicular degenerative disc disease, and lumbar spine musculoligamentous sprain-strain secondary to altered gait. Treatment and diagnostics to date has included left shoulder MRI, left knee surgery, left shoulder surgery, home exercise program, use of home electrical stimulation unit, and medications. Current medications include Tylenol No.3 (since at least 06/12/15). In a progress note dated 08-05-2015, the injured worker reported left knee pain rated 8 out of 10 on the pain scale and left shoulder pain rated 6-7 out of 10. The treating physician also noted that the injured worker's pain rating is 5 out of 10 with medications and 8-9 out of 10 without medications with 4-5 hours duration of relief. Objective findings included mild diffuse peri-patellar swelling to left knee and tenderness to palpation to the left shoulder. According to a prior progress note dated 06-12-2015, the injured worker's pain was rated 0-1 out of 10 with medications and 4-5 out of 10 without medications while being prescribed Tylenol No. 3. The Utilization Review with a decision date of 08-18-2015 modified the request for Tylenol No. 3 (APAP-Codeine) 300-30mg #60 to Tylenol No. 3 (APAP-Codeine) 300-30mg #34.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 (APAP/Codeine) 300/30mg #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): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tylenol with codeine (Tylenol #3) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #3 for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Tylenol#3 with codeine is not medically necessary.