

<b>Case Number:</b>	CM15-0188212		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 60 year old female, who sustained industrial injuries from 09-12-2006 to 01-06-2012. MRI of the left elbow was noted to show severe degenerative joint disease with osteophyte spur complex involving the proximal radius and humerus and a torn collateral lateral ligament with irregular partial tears of the posterior fibers of common extensor tendons. She has reported subsequent bilateral shoulder and elbow pain and was diagnosed with bilateral elbow pain with chronic tendinitis and lateral epicondylitis and medial epicondylitis bilaterally, cubital syndrome of the left elbow and bilateral cuff tears in the shoulders. Treatment to date has included pain medication which was noted to reduce pain by 50% and improve function with activities of daily living. The only medical documentation submitted is a physician progress note dated 08-03-2015. During the 08-03-2015 progress note, the injured worker reported 8 out of 10 bilateral shoulder and elbow pain that was rated as 4 out of 10 at best with medications and 10 out of 10 without medication. The physician noted that the injured worker had been unable to return to the workforce because of the severity of her upper extremity pain. Objective examination findings showed limited range of motion of the bilateral shoulders in all planes, positive crepitus on circumduction, positive impingement signs bilaterally, tenderness over the medial and lateral epicondyles to palpation with positive Cozen's maneuvers and positive Tinel's signs in the bilateral ulnar grooves. There is no indication as to how long APAP-Codeine had been prescribed. A request for authorization of APAP-Codeine 300-60 mg #60 (5 day supply) was submitted. As per the utilization review on 09-14-2015, the request for APAP-Codeine 300-60 mg #60 (5 day supply) was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Apap/Codeine 300/60mg #60 (5 day supply):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

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

**Decision rationale:** Tylenol #4 contains codeine which 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 #4 intermittently when Tylenol OTC does not help. The claimant was on Motrin but caused dyspepsia. The Tylenol #4 provided improved function and pain relief. The continued use of Tylenol #4 is medically necessary.