

Case Number:	CM15-0188381		
Date Assigned:	09/30/2015	Date of Injury:	01/21/2011
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	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: Texas, 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 59 year old female with an industrial injury date of 01-12-2011. Medical record review indicates she is being treated for osteoarthritis of hand joint and bilateral carpal tunnel syndrome. Subjective complaints (09-02-2015) included bilateral hand numbness and tingling, burning and nocturnal awakening. Review of medical records does not indicate a numeric pain rating. She was working 4 hours per day. Objective findings (09-02-2015) included good range of motion in fingers. "Tinel equivocal and is tender at carpal tunnel." Her medication included Tylenol # 3 since at least (05-06-2015.) The treating physician also recommended splinting and therapy. Prior treatment included medications and surgery. Medical record review does not indicate urine drug screening, pain agreement, adverse effects or documentation of aberrant or lack of aberrant behavior. On 09-18-2015 the request for 1 Refill Tylenol Codeine #3 # 60 No Refills was modified (by utilization review) to Tylenol Codeine # 3 to 30 pills for weaning with no refills. The patient's surgical history include thumb surgery in 2004, right shoulder and right knee surgery. The patient has had EMG of upper extremity that revealed bilateral carpal tunnel syndrome. The medication list include Vicodin, Lyrica, and Amyryl. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Refill Tylenol Codeine #3 # 60 No Refills: Overturned

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, criteria for use.

Decision rationale: Criteria for ongoing management of opioids include: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain."The patient has had diagnoses of osteoarthritis of hand joint and bilateral carpal tunnel syndrome. Subjective complaints (09-02-2015) included bilateral hand numbness and tingling, burning and nocturnal awakening. Objective findings (09-02-2015) included tender at carpal tunnel. The patient's surgical history include thumb surgery in 2004, right shoulder and right knee surgery. The patient has had EMG of upper extremity that revealed bilateral carpal tunnel syndrome. Therefore the patient has chronic pain along with significant abnormal objective findings. The patient has had a trial of Lyrica (non-opioid) for this injury.

There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The request of the medication 1 Refill Tylenol Codeine #3 # 60 No Refills is medically necessary and appropriate in this patient.