

Case Number:	CM15-0198629		
Date Assigned:	10/14/2015	Date of Injury:	09/28/2011
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old female, who sustained an industrial injury on 9-28-2011. The injured worker was being treated for status post arthroplasty of the cervical spine, cervical radiculitis, and sprain of the bilateral wrists. Treatment to date has included diagnostics, cervical epidural injections, cervical spine surgery in 5-2014, psychological treatment, physical therapy, and medications. On 8-17-2015, the injured worker complains of "neck is feeling worse since her last office visit" and "on and off moderate to severe pain at the base of the neck." She reported increased stiffness, tightness, and limited motion, along with radicular pain in both shoulders and trapezius musculature and occasional numbness and tingling in her left fingers. She continued to complain of "intermittent moderate and occasionally severe" pain in both wrists with radicular pain in the palms of her hands and occasionally in both forearms and elbows. Her pain was not numerically rated. She also reported "weakness", sleep disruption, and pain with lifting a milk jug. Function with ASDL was not described. Exam of the cervical spine noted decreased range of motion, motor strength 5 of 5 in the biceps, triceps, pinch and intrinsic. Current medication regimen was not outlined. Tylenol with codeine was prescribed since at least 1-2015. Urine toxicology (4-13-2015) was negative for all tested analytes, including codeine. An allergy to Ibuprofen was documented. Her current work status was not noted. The treatment plan included Acetaminophen with Codeine 300-30 mg #30 (retrospective DOS 8-27-2015), non-certified by Utilization Review on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen with Codeine 300/30 mg Qty 30 (retrospective DOS 8/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in September 2011 and is being treated for neck, shoulder, and wrist pain and secondary anxiety after cervical spine surgery in May 2014. Electrodiagnostic testing in May 2015 showed findings of right carpal tunnel syndrome. In January 2015 Tylenol #3 was prescribed. VAS pain score were not recorded. When seen, she had worsening of her neck with moderate to severe pain with stiffness, tightness, decreased range of motion, and radicular pain. There was occasional left finger numbness. There was intermittent bilateral wrist pain. She was having difficulty sleeping. She had completed 8 physical therapy treatments. There was decreased cervical and wrist range of motion. Tylenol #3 is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.