

Case Number:	CM15-0201520		
Date Assigned:	10/16/2015	Date of Injury:	01/09/2014
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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, North Carolina 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 56 year old female, who sustained an industrial-work injury on 1-9-14. She reported initial complaints of back and left leg pain. The injured worker was diagnosed as having chronic neck pain, cervical degenerative disc disease, chronic low back pain, grade I anterolisthesis of L4 on L5, depression, and insomnia. Treatment to date has included medication, 6 sessions of physical therapy, and diagnostics. X-rays were reported on 9-25-15 reported degenerative disc disease. Currently, the injured worker complains of low back pain that radiated to the left leg along with neck pain that radiated to the left arm described as stabbing and burning. Pain is rated 7 out of 10 without medication and 5 out of 10 with medication. Pain is aggravated by prolonged activities. Current meds include Tylenol #3 which is helpful and weaning of Gabapentin for neuropathic pain. Ibuprofen was resumed. Urine toxicology from 6-12-15 was consistent. Per the primary physician's progress report (PR-2) on 9-25-15, exam noted tenderness over the left cervical and lumbar paraspinal muscles, decreased light touch sensation throughout the left arm and left leg, normal strength and reflexes, ambulates without a device with an analgesic gait. Current plan of care includes medication. The Request for Authorization requested service to include Tylenol-Codeine 3, 1 tab BID PRN #60. The Utilization Review on 10-2-15 denied the request for Tylenol-Codeine 3, 1 tab BID PRN #60 per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol/Codeine 3 1 tab BID PRN #60: Upheld

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

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

Decision rationale: Tylenol #3 contains codeine (an opioid) and acetaminophen and is recommended as an option for moderate pain. It is not indicated for long-term use. This patient has been taking Tylenol #3 on a long-term basis. Monitoring of patients taking opioids requires assessment and documentation for the 4 A's, analgesia, ADLs, appropriate medication usage and adverse events. However the medical records submitted do not document continued analgesia, continued functional benefit and lack of adverse side effects. There is also no documentation that prescriptions are from a single prescriber or are being taken at the lowest possible dose. Therefore the request is not medically necessary or appropriate.