

Case Number:	CM15-0202381		
Date Assigned:	10/19/2015	Date of Injury:	05/24/2007
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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

Certification(s)/Specialty: Emergency Medicine

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 65 year old female with an industrial injury date of 05-24-2007. Medical record review indicates she is being treated for recurrence of right peroneal neuropathy. Subjective complaints (09-15-2015 and 09-03-2015) included "severe" pain in the lateral aspect of the right knee at the level of the left fibular head in the distribution of the peroneal nerve. The pain was rated as 7 out of 10. Work status (08-25-2015) is documented as: "Temporary total disability from her usual customary occupation." Prior treatment included surgery, medications, aquatic therapy and physical therapy. Medications included Norco and Naprosyn. Prior medications included Duexis, Prilosec, Ibuprofen and Flexeril. Physical exam (09-15-2015) noted 4 out of 5 strength of the right dorsiflexors. There was sensory loss to light touch, pinprick and two point discrimination in the dorsal aspect of the right foot. Gait was slow; she walked with a limp and used a cane for ambulation. Urine drug screen done 05-27-2015 was negative for Cyclobenzaprine and Gabapentin which were reported medications according to the report. On 09-22-2015 the request for Tylenol # 3 300-30 mg # 30 was modified to Tylenol # 3 300-30 mg # 20 was modified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 300/30mg, #30: Upheld

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

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

Decision rationale: Tylenol #3 is acetaminophen and codeine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Patient is noted to be on Norco. There is no single component required component documented concerning ongoing Norco use. There is no noted benefit or appropriate monitoring documented. It is unclear if patient is being switched to Tylenol #3 or this is an addition. No rationale for this medication is written anywhere on the chart. Poor documentation does not support this prescription.