

Case Number:	CM15-0212801		
Date Assigned:	11/02/2015	Date of Injury:	10/15/2002
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/29/2015

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:

This is a 68-year-old female with a date of injury of October 15, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome. Medical records dated July 9, 2015 indicate that the injured worker complained of continuing weakness. Records also indicate that the injured worker had not been provided with therapy after surgery. A progress note dated September 10, 2015 documented that the injured worker reported improvement with therapy. Per the treating physician (September 10, 2015), the employee was not working. The physical exam dated July 9, 2015 was noted to be unchanged. The most recent prior physical examination was dated June 4, 2015 and revealed tenderness at the incision. The progress note dated September 10, 2015 documented a physical examination that showed decreased tenderness, and some tenderness in the thumb region. Treatment has included medications (Tylenol #3 since at least February of 2015), and right carpal tunnel release (February 5, 2015). Recent urine drug screen results were not documented in the submitted records. The utilization review (October 1, 2015) non-certified a request for Acetaminophen-Codeine 300-30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Acetaminophen/Codeine 30/300mg, #60 (DOS: 9/10/15): 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 for chronic pain.

Decision rationale: The requested Retrospective Acetaminophen/Codeine 30/300mg, #60 (DOS: 9/10/15), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has reported improvement with therapy. Per the treating physician (September 10, 2015), the employee was not working. The physical exam dated July 9, 2015 was noted to be unchanged. The most recent prior physical examination was dated June 4, 2015 and revealed tenderness at the incision. The progress note dated September 10, 2015 documented a physical examination that showed decreased tenderness, and some tenderness in the thumb region. Treatment has included medications (Tylenol #3 since at least February of 2015), and right carpal tunnel release (February 5, 2015). The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Retrospective Acetaminophen/Codeine 30/300mg, #60 (DOS: 9/10/15) is not medically necessary.