

Case Number:	CM14-0142449		
Date Assigned:	09/10/2014	Date of Injury:	12/04/2012
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old female with a 12/4/12 date of injury. At the time (7/1/14) of request for authorization for Tylenol With Codeine Elixir 12/120 Per 5 ML, there is documentation of subjective (neck, bilateral elbow, forearm, wrist and hand pain with increased pain and numbness to bilateral hands, which wakes her at night, dropping objects frequently, burning sensation from elbows to hands, trigger to right 2nd and 3rd fingers) and objective (spasm about bilateral trapezial areas, pain with motion, paraspinal tenderness upon palpation, decreased cervical range of motion, point tenderness upon palpation about medial and lateral epicondylar areas, resisted supination and pronation produce increased pain to condyles, Tinel's positive along ulnar nerve at elbows, Tinel's positive at wrists bilaterally, Phalen's positive, swelling of right hand at dorsal aspect between 2nd and 3rd metacarpal, weakness throughout motion, triggering of 2nd and 3rd digits, point tenderness along joint line, and decreased sensation along ulnar and radial pathway of bilateral forearms) findings, current diagnoses (multilevel cervical spine disc bulge, medial and lateral epicondylitis, bilateral elbows with ulnar nerve irritation, sprain/strain bilateral forearms with tendinitis, sprain/strain bilateral wrists with carpal tunnel syndrome, and extensor tendinitis, right hand, with trigger finger 2nd and 3rd digit), and treatment to date (medications (including ongoing treatment with Flexeril, Neurontin, Norco, Voltaren, and Protonix) and physical therapy). Medical report identifies a plan to start Tylenol with Codeine. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL WITH CODEINE ELIXIR 12/120 PER 5 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of multilevel cervical spine disc bulge, medial and lateral epicondylitis, bilateral elbows with ulnar nerve irritation, sprain/strain bilateral forearms with tendinitis, sprain/strain bilateral wrists with carpal tunnel syndrome, and extensor tendinitis, right hand, with trigger finger 2nd and 3rd digit. In addition, there is documentation of a plan to start Tylenol with Codeine. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tylenol With Codeine Elixir 12/120 Per 5 Ml is not medically necessary.