

Case Number:	CM14-0214635		
Date Assigned:	01/07/2015	Date of Injury:	09/07/1999
Decision Date:	03/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, wrist pain, and carpal tunnel syndrome reportedly associated with an industrial injury of December 7, 1999. In a Utilization Review Report dated December 17, 2014, the claims administrator partially approved a request for Tylenol with Codeine, reportedly for weaning purposes. The claims administrator referenced an RFA form received on December 10, 2014 in its determination. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported persistent complaints of low back and knee pain. The applicant was using Celebrex, it was stated in one section of the note. The applicant's complete medication list was not clearly detailed. The applicant was described as permanent and stationary and as having retired. There was no mention of Tylenol No. 3 as being employed at this point. In an earlier note dated September 16, 2014, the applicant reported 9-10/10 low back pain. The applicant exhibited a visibly antalgic gait. The attending provider stated that the applicant was not using medications on a regular basis. The attending provider suggested that the applicant employ Tylenol No. 3 and Celebrex. Physical therapy and a TENS unit trial were also endorsed. Permanent work restrictions were renewed. On August 5, 2014, the applicant reported persistent complaints of low back pain with derivative complaints of anxiety. The applicant stated that her pain complaints were highly variable, ranging from 4-6/10. The applicant was given prescriptions for Tylenol No. 3 and Celebrex. Physical therapy and a home exercise program were endorsed. The applicant stated that her levels of anxiety had increased. On June 9, 2014, the applicant was again given refills of Tylenol No. 3 and Celebrex. It was suggested that the

applicant was using Tylenol No. 3 once to twice daily. The applicant was having difficulty performing activities of daily living as basic as gardening, it was acknowledged. Constant and dull pains were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol-Codeine #3 300-30mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, although it was acknowledged that this may be a function of age and/or retirement as opposed to purely a function of the applicant's chronic pain complaints. Nevertheless, the attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. The attending provider's commentary to the effect that the applicant's pain complaints were constant, severe, and dull did not make a compelling case for continuation of Tylenol No. 3. Therefore, the request for Tylenol-Codeine #3 is not medically necessary.