

Case Number:	CM15-0000760		
Date Assigned:	01/12/2015	Date of Injury:	07/31/2008
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation

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 48 year-old female, who was injured on July 31, 2008, while performing regular work duties. She sustained injury to the left thumb and left wrist after a patient fell onto her causing her to twist that body part. The current diagnosis or issue left elbow pain, left hand pain, and wrist pain. The medical records indicate the injured worker has been prescribed Tylenol with Codeine #4 tablet 300-60 mg, since on or before November 17, 2014. The injured worker has received treatment including medications, radiological imaging, left wrist surgery, left thumb surgery, cortisone injections, electrodiagnostic studies, Toradol/B12 injections, and a home exercise program. The request for authorization is for one (1) prescription of Tylenol with Codeine #4, 300-60 mg, quantity #90. The primary diagnosis on the application is upper arm joint pain. On December 19, 2014, Utilization Review non-certified the request for one (1) prescription of Tylenol, with Codeine #4, 300-60 mg, quantity #90, based on Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #4, 300-60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with upper extremity pain rated 07/10 with and 10/10 without medication. The request is for TYLENOL WITH CODEINE #4, 300-60 MG #90. Pain is in the left upper extremity diffusely including left wrist. The patient pain is accompanied by muscle weakness and numbness. Patient is temporarily totally disabled. For chronic opiate use in general, MTUS Guidelines page 88 and 89 state, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, while there is documentation of analgesia and ADL's, the treating physician has failed to clearly document adverse side effects and adverse behavior as required by MTUS. There are no discussions or documentations regarding UDS, aberrant behavior, pain management, CURES report, pain contracts, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.