

Case Number:	CM15-0021118		
Date Assigned:	02/10/2015	Date of Injury:	05/25/2010
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 66-year-old male, who sustained an industrial injury on May 25, 2010. He reported neck and low back pain. The injured worker was diagnosed as having active cervical 5 radiculopathy, lumbar spinal stenosis, status post bilateral trigger thumb releases and status post bilateral carpal tunnel releases with recurrent bilateral carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, trigger point injections of the thumb, conservative therapies, pain medications and work restrictions. Currently, the injured worker complains of cervical and low back pain. The injured worker reported an industrial injury in 2010, resulting in chronic cervical and lumbar pain. He was treated conservatively and surgically without resolution of pain. It was noted he received trigger point injections with some benefit. He also participated in physical therapies with some noted benefit. The plan included renewing pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine #4 #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 92,124-127.

Decision rationale: Per MTUS: Codeine (Tylenol with Codeine; generic available): Codeine as a single active ingredient is classified by the DEA as a schedule II medication. Codeine in combination with acetaminophen is classified as schedule III. Side Effects: Common effects include CNS depression and hypotension. Drowsiness and constipation occur in > 10% of cases. Codeine should be used with caution in patients with a history of drug abuse. Tolerance, as well as psychological and physical dependence may occur. Abrupt discontinuation after prolonged use may result in withdrawal. (AHFS Drug Information, 2008) (Clinical Pharmacology, 2008) (Lexi-Comp, 2008). Analgesic dose: codeine - 15mg to 60mg per dose (Max 360mg/24hr), and acetaminophen 300mg to 1000mg per dose (Max 400mg/24hr). Doses may be given as needed up to every 4 hours. (Product information, Ortho-McNeil) Per review of the clinical data provided, it is not apparent when this medication was started. It would be recommended for short-term usage only and then a weaning process should be initiated.