

Case Number:	CM15-0029168		
Date Assigned:	02/23/2015	Date of Injury:	01/06/2009
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on January 6, 2009. The diagnoses have included lateral meniscus tear, primary osteoarthritis of the left leg, rotator cuff disease, lateral and medial epicondylitis. Treatment to date has included medication. Currently, the injured worker complains of bilateral knee pain with the left knee greater than the right. There is no effusion of the knees and she has tenderness to the medial aspect of the knees. On January 22, 2015 Utilization Review non-certified a request for APAP Codeine (Tylenol #3) 300/30 mg #60 with one refill, noting that the guidelines do not recommend long-term use of opioids and there is no documentation or rationale for the medication request. The California Medical Treatment Utilization Schedule was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of APAP Codeine (Tylenol #3) 300/30 mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine (Tylenol #3) 300/30mg #60 (30 d/s) x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Tylenol #3 short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Vicodin for the past year. Recent progress notes mention the claimant's pain was controlled on Tylenol #3. There is no indication of Tylenol (without codeine) response. The continued and long-term use of Tylenol is not medically necessary.