

Case Number:	CM15-0077614		
Date Assigned:	04/29/2015	Date of Injury:	02/22/2011
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, New York, 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] beneficiary who has filed a claim for chronic wrist and neck pain reportedly associated with an industrial injury of February 22, 2011. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for Tylenol with Codeine. The claims administrator referenced an RFA form received on April 6, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 2, 2015, the applicant reported ongoing complaints of neck pain radiating to the upper extremities. The applicant was using Tylenol No. 3, Motrin, and Flexeril for pain relief, it was reported. 10/10 pain without medications versus 6-8/10 with medications were reported. The attending provider stated that the applicant was able to work regular duty and complete home-based activities of daily living as result of ongoing medication consumption. The attending provider specifically stated that ongoing usage Tylenol No. 3 was beneficial and was ameliorating the applicant's sitting tolerance. Motrin, Tylenol No. 3, an H-wave device, and regular duty work were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with codeine #3 QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Tylenol No. 3, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. 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 did report a reduction in pain scores from 10/10 without medications to 6-8/10 with medications on April 2, 2015. The applicant's ability to perform full duty and perform home based activities of daily living had been ameliorated as a result of ongoing medication consumption, the treating provider reported. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.