
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/20/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/5/2013
Date of Injury: 5/30/1995
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0012298

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a case involving a patient who was actively employed by the defendant from 1971 through OS/26/95 as a manager. He was involved in planning and corporate systems. He helped plan the organization of the company. He brought the computer systems together in their early days. He performed operational audits from 1973 to 1981 and was promoted to budgets and accounting. In 1983, he became manager of the right of way and land department. In 1984, he returned to the audit departments for special assignments. In 1985 to 1995, he did cross training assignment in the shop, test division of the company to automate the division. The job was stressful due to heavy workload, problems with his manager. The patient has had work related orthopedic injuries and has been treated for a mood disorder with lithium and an antidepressant. The case is being presented to this reviewer for an independent review as to whether Acetaminophen with codeine should be approved.

IMR DECISION(S) AND RATIONALE(S)

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

1. The request for Acetaminophen-Codeine 300mg-30mg, #120 is medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 92, which is part of MTUS.

The Physician Reviewer's decision rationale:

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). Although codeine can cause CNS depression as well as tolerance, it is assumed that the prescriber is very well aware of these well known properties and has taken them into account, including the clinical decision to not use a non-opiate analgesic. Given the employee's history of a GI bleed, non steroidal inflammatory drugs are relatively contraindicated and as such Tylenol with codeine seems reasonable and is approved within the MTUS. **The request for Acetaminophen-Codeine 300mg-30mg, #120 is medically necessary and appropriate.**

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]

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