

<b>Case Number:</b>	CM13-0021157		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 39-year-old male who reported an injury on 06/16/2008. The mechanism of injury was not stated. Current diagnoses include postoperative anterior transpelvis L5-S1 discectomy with partial S1 corpectomy and anterior fusion; right shoulder parascapular strain with bursitis, tendonitis, impingement and adhesions; left shoulder parascapular strain with partial tear of the supraspinatus tendon, bursitis, tendonitis and impingement; right wrist sprain; cervical/trapezial musculoligamentous sprain with upper extremity radiculitis and disc desiccation; sleep disorder; and psychiatric complaints. The injured worker was evaluated on 09/27/2013. The injured worker reported persistent left shoulder pain, low back pain, and left elbow pain. Current medications included Tylenol No. 3 and Lyrica 7.5 mg. Physical examination revealed tenderness to palpation, positive straight leg raising, limited lumbar range of motion, tenderness over the subacromial region, tenderness over the acromioclavicular joint and supraspinatus tendon, crepitus, positive impingement and cross arm testing, positive apprehension testing and limited left shoulder range of motion. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL 3 (APAP/CODEINE 300/30MG) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state codeine is recommended as an option for mild to moderate pain, as indicated. As per the documentation submitted, the injured worker has utilized Tylenol No. 3 since 03/2013. Despite ongoing use of this medication, the injured worker continued to report persistent pain. There is also no frequency listed in the current request. As such, the request for Tylenol 3 (APAP/Codeine 300/30mg) is not medically necessary.

**LYRICA 75MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. As per the documentation submitted, the injured worker has utilized Lyrica 75 mg since 03/2013. Despite ongoing use of this medication the injured worker continued to report persistent pain. There was also no frequency listed in the current request. As such, the request for Lyrica 75mg #90 is not medically necessary.