

Case Number:	CM14-0164931		
Date Assigned:	10/10/2014	Date of Injury:	12/12/2011
Decision Date:	11/26/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee, elbow, shoulder, and mid back pain reportedly associated with industrial injury of December 12, 2011. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of aquatic therapy; a cane; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated September 12, 2014, the claims administrator failed to approve a request for Tylenol No. 3. The applicant's attorney subsequently appealed. In a progress note dated September 12, 2014, the applicant was kept off of work, on total temporary disability. The applicant was asked to continue Sonata, Prilosec, gabapentin, and topical compounds. A new cane was endorsed, along with massage therapy, aquatic therapy and a home health aide. In a handwritten progress note dated July 18, 2014, difficult to follow, not entirely legible, it was again acknowledged that the applicant was not working, owing to ongoing complaints of knee, shoulder, and elbow pain, bilateral. The applicant was using Tylenol No. 3, Naprosyn and Prilosec, it was acknowledged. A 3/10 pain was noted with medications versus 8/10 to 10/10 without medications. The attending provider stated that the applicant's ability to perform activities of daily living was improved but did not elaborate or expound upon the same. Large portions of the note employed preprinted checkboxes with little to no narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Tylenol No.3 300/30mg tablet #60, take 1 tablet every 12 hours if needed for pain, no refills, related bilateral knees, elbows, shoulders, back, feet symptoms, as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, workers compensation drug formulary

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

Decision rationale: 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, improve functioning and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider failed to outline any material improvements in function achieved as result of ongoing Tylenol No. 3 usage. While the attending provider did state that the applicant's ability to perform unspecified activities of daily living had been ameliorated with medication consumption, this was not elaborated or expounded upon and is seemingly outweighed by the applicant's failure to return to any form of work, and the attending provider has failed to document any meaningful improvements in function. Therefore, the request was not medically necessary.