MAXIMUS Federal Services

Case Number:	CM14-0184102		
Date Assigned:	11/12/2014	Date of Injury:	07/31/2013
Decision Date:	12/18/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/05/2014

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 right upper extremity pain reportedly associated with an industrial injury of July 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; earlier wrist flexor carpi radialis tendon repair surgery, arthroscopy, triangular fibrocartilage repair surgery, synovectomy, and chondroplasty surgery of October 29, 2013; and extensive periods off of work. In an October 16, 2014 Utilization Review Report, the claims administrator partially approved a request for Tylenol No. 3, apparently for weaning purposes, on the grounds that the applicant was not profiting from the same. The applicant's attorney subsequently appealed. In a May 14, 2014 progress note, the applicant reported ongoing complaints of wrist pain, paresthesia's, stiffness, and weakness. It was stated that the applicant's grip strength had improved with physical therapy. 4/5 right upper extremity strength was nevertheless reported on exam. The applicant was placed off of work, on total temporary disability, while a TENS unit, additional physical therapy, heating, Motrin, and Norco were endorsed. On July 17, 2014, the applicant apparently consulted a new orthopedist. Ongoing complaints of wrist pain were noted. The applicant was placed off of work, on total temporary disability. The surgeon noted that the applicant was not a candidate for further surgical intervention. The applicant was described as using Norco and Motrin as of this point in time. The applicant was still smoking. There was explicit discussion of medication selection or medication efficacy, however. On August 14, 2014, the applicant was again placed off of work with ongoing complaints of wrist pain. Ultram was endorsed on this occasion. On October 23, 2014 the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of wrist pain. The note was handwritten, sparse, difficult to follow, and not entirely legible. A new prescription for Tylenol No. 3 was

given while the applicant was again placed off of work, it was not stated whether the attending provider intended for the applicant to employ Tylenol No. 3 in conjunction with the other opioids or whether Tylenol No. 3 was intended to supplant previously prescribed opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Every 6 Hours As Needed #80 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: As noted no page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Here, however, the attending provider failed to furnish any rationale for provision for Tylenol No. 3 along with two other two other short acting opioids, namely tramadol and Norco. It was not clearly stated whether the prescription for Tylenol No. 3 was intended to supplant Norco and/or tramadol or whether the attending provider intended for the applicant to use all three medications at the same time. The attending provider's handwritten progress note did not outline why or for what purpose Tylenol No. 3 was being introduced. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that ongoing management of applicants using opioid should include "ongoing review" and documentation of pain relief, functional status, appropriate medication use, etc., in applicants using opioids. The 80-tablet, 3-refill supply of Tylenol No. 3 proposed, by implication, does not include any proviso to periodically review and follow up with the applicant to ensure ongoing pain relief and/or appropriate improvement with Tylenol No. 3 usage. Therefore, the request was not medically necessary.