MAXIMUS Federal Services

Case Number:	CM14-0032045		
Date Assigned:	06/20/2014	Date of Injury:	07/23/2012
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 44 year old female who sustained an injury on 07/23/12 when she sustained a crush injury to the left upper extremity. The injured worker was found to have moderate compression of the bilateral median nerves based on electrodiagnostic studies. Other complaints included headaches, neck pain and low back pain. Previous treatment did include extracorporeal shockwave therapy in the cervical spine. The injured worker was being followed by a treating physician for pain management. The injured worker was seen on 01/20/14 and noted to have limited range of motion in both the neck and low back. There was also some mild range of motion loss in the bilateral shoulders. The injured worker was recommended for further palliative treatment measures to include the use of Tylenol 3. This was to address mild to moderate pain for the injured worker. Follow up with the treating physician on 03/04/14 noted that the injured worker had severe persistent pain in the shoulder rated as 8/10 on visual analog scale (VAS) as well as severe pain in the left wrist. The injured worker was taking Motrin at this evaluation which did reduce pain by 50%. Physical examination continued to note some loss of range of motion of the left shoulder with positive impingement signs. There was also decreased range of motion of the left wrist with positive Tinel's and Phalen's signs and decreased grip strength and sensation. The injured worker was recommended for further physical therapy to help facilitate a return to work. Motrin was continued at this evaluation as well as a topical analgesic gel. The requested Tylenol 3 quantity 90 was denied by utilization review on 02/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL NO. 3 (CODEINE 30/ACETAMINOPHEN 300) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Tylenol 3 contains a combination of Tylenol and codeine. This medication can be considered an option for the treatment of moderate to severe musculoskeletal pain. From the clinical reports provided for review, the treating physician prescribed this medication as a palliative measure. There was no documented expectation of functional improvement for this medication. The clinical documentation provided for review did not establish that the injured worker had failed other reasonable first line medications for pain. Later clinical documentation noted that the injured worker was only taking Motrin with good results. Given the lack of indications regarding failure of first line medications to include Motrin which was very beneficial for this injured worker, this request is not medically necessary.