

Case Number:	CM14-0087472		
Date Assigned:	07/23/2014	Date of Injury:	03/29/2005
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with a 3/29/05 date of injury, and status post right shoulder arthroscopic rotator cuff repair, subacromial decompression with acromioplasty, and partial release of the coracoacromial ligament with manipulation under anesthesia. At the time (1/8/14) of request for Tylenol # 3 acetaminophen w/COD # 30 (DOS 01-08-2014), there is documentation of subjective (7-8/10 pain with medications, weakness in grip in her bilateral hands and an electrical shock feeling that radiates through her bilateral upper extremities) and objective (no pertinent findings) findings, current diagnoses (reflex sympathetic dystrophy of the upper limb), and treatment to date (acupuncture, physical therapy, and medications (including Cymbalta, Ketamine cream, Capsaicin cream, Lidoderm patch, Protonix, Ambien, Celebrex, Flexeril, and Buprenorphine). The 5/30/14 medical report identifies that the patient started Tylenol #3 in March 2014 and it has been beneficial in terms of pain relief and functional improvement and that there is an opioid pain contract on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Tylenol # 3 acetaminophen w/COD # 30 (DOS 01-08-2014):

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-80 Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of reflex sympathetic dystrophy of the upper limb. In addition, given documentation of an opioid pain contract on file, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of functional improvement with Tylenol #3, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Tylenol #3 use to date. Therefore, based on the guidelines and a review of the evidence, the request for retrospective usage of Tylenol # 3 acetaminophen w/COD # 30 (DOS 01-08-2014) is medically necessary.