

Case Number:	CM14-0186599		
Date Assigned:	11/14/2014	Date of Injury:	06/26/2012
Decision Date:	01/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 Interventional Spine 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 patient is a 38 year old male with an injury date on 06/26/2012. Based on the 09/22/2014 handwritten progress report provided by the treating physician, the diagnoses are left shoulder sprain and strain; history right elbow fracture surgery repair; history carpal tunnel release (CTR); right knee sprain; history of concussion; and stress-anxiety. According to this report, the patient complains of left shoulder pain and flare-up of low back. Exam findings show positive impingement test and straight leg raise test. Tender to palpation noted at cervical, lumbar and shoulder regions. The records show positive for blurry vision, joint pain, muscle sprain, sore muscles, stress, anxiety, and headache. The 03/31/2014 report indicates the patient is not working. There were no other significant findings noted on this report. The utilization review denied the request for Tylenol 3 #60 on 11/05/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/31/14 to 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Chronic Pain Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 09/22/2014 handwritten report by the treating physician, this patient presents with left shoulder and low back pain. The current request is for Tylenol 3 #60. Tylenol 3 was first mentioned on 09/22/2014 report. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The patient's pain with medication is at a 4/10 and pain without medication is at a 7/10. There is no documentation of functional benefit of medication, and urine drug screen (UDS) is not obtained. No activities of daily living (ADLs) are discussed to show significant improvement. Adverse effects and adverse behavior were not indicated. No opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to document ADL's, adverse effects and adverse behavior as required by MTUS. Therefore, this request is not medically necessary.