

<b>Case Number:</b>	CM14-0187345		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice 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:

49 yr. old female claimant sustained a cumulative work injury from 1/28/10-1/28/11 involving the neck back, shoulder, wrists and heels. She was diagnosed with impingement of the left shoulder, cervical strain, chondromalacia of both knees, plantar fasciitis and carpal tunnel syndrome. She had received shoulder injections and an epidural injection of the lumbar spine. She had undergone physical therapy and acupuncture. She had been on opioids including Ultram for pain. She had been on Tylenol # 3 since at least May 2014. A progress note on 10/8/14 indicated the claimant had 8/10 left shoulder pain. Exam findings were notable for limited painful range of motion of the left shoulder. She was given additional Tylenol #4 and an MRI of the left shoulder was requested. On 10/30/14, an MRI of the left shoulder showed: tendonosis of the supraspinatus tear and degenerative changes of the AC joint. Based on the results, the surgeon subsequently requested to perform shoulder arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for tylenol-4 #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Tylenol # 4 contains codeine (an opioid). Codeine is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Tylenol # 3 and 4 for several months without significant improvement in pain or function. The continued use of Tylenol #4 is not medically necessary.

**MRI of the left shoulder as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. The claimant did not have acute rotator cuff tear findings but there was plan for surgery. Based on chronic pain, persistent limited function and subsequent arthroscopic plan, an MRI of the shoulder is appropriate and medically necessary.