

Case Number:	CM14-0187567		
Date Assigned:	11/17/2014	Date of Injury:	10/10/2012
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
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 Interventional 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:

Pursuant to the Orthopedic Re-Evaluation and Request for Authorization dated October 21, 2014, the IW complains of residual lower back pain in which he continues treatment with [REDACTED] (Orthopedic surgeon). There was a second surgery requested for the lumbar spine, but was cancelled due to the injured worker's fears. He has difficulty with activities of daily living, and is not able to sit for long periods of time. He states that his left shoulder does not have much pain, but his range of motion (ROM) is limited. Examination reveals lumbar spine loss of lordosis. The incision site is well healed. There is still minor tenderness over the paraspinal muscles. The injured worker's neurological examination remains the same. Examination of the left shoulder reveals healed incision site. ROM is 110 abduction and 110 forward flexion with decreased internal/external rotation. The IW has been diagnosed with impingement syndrome of the left shoulder, s/p arthroscopic decompression with residuals; adhesive capsulitis of the left shoulder; musculoligamentous strain of the lumbar spine; and history of lumbar laminectomy and foraminotomy with [REDACTED] with recurrent disc instability. Treatment plan recommendations include: Follow-up with [REDACTED], continue home exercise program, request authorization for pain management evaluation to take over medication control. The IW insists on scheduled II drugs. The provider documents that he feels like a pain management specialist should monitor use according to the MTUS guidelines for chronic pain management. The provider requests authorization for Tylenol #3 and Motrin 600mg on the October 21, 2014 office visit. Prior to this visit, the IW has been taking Vicodin 7.5/500mg since at least October of 2013 according to documentation.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol 3 #60 are not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the use of opiates. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker had working diagnoses of impingement syndrome left shoulder (status post arthroscopic decompression); adhesive capsulitis of the left shoulder; musculoligamentous strain of the lumbar spine; and history of lumbar laminectomy and foraminotomy. The injured worker was taking Vicodin ES for greater than one year until October 21 of 2014. On October 21, the treating physician changed Vicodin ES to Tylenol 3. There are no ongoing reviews and documentation following pain relief, functional status and side effects. There are no detailed pain assessments in the medical record. Additionally, there is no documentation of objective functional improvement associated with the continued use of opiates (Vicodin and Tylenol 3). Also, the injured worker requested is scheduled II narcotic for pain relief. The treating physician however, instructed the patient he would need to see a pain specialist. The treating physician would not dispense a schedule II narcotic. Consequently, Tylenol 3 #60 is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tylenol 3 #60 is not medically necessary.