

Case Number:	CM14-0189956		
Date Assigned:	11/21/2014	Date of Injury:	07/15/2013
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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 76-year-old male with injury date of 07/15/13. Based on the 10/15/14 progress report, the patient complains of right shoulder pain. Physical examination of shoulder on 10/15/14 revealed limited range of motion and mild positive impingement sign of right shoulder. The patient complains of continued breakthrough pain and that "over-the-counter and anti-inflammatory medicines" were not effective. The provider requests Tylenol #3 for pain "to avoid injection" as stated on 10/15/14 progress report. The patient has not been working at least from 09/03/14 report. History of pain medication per review of reports include: On 04/30/14 Lortab was prescribed. On 06/11/14 Lortab was "modified through peer review." On 07/23/14 the patient "has not yet received his analgesics" and Ultram was prescribed. On 09/03/14 Ultram was re-prescribed. On 10/15/14 Tylenol #3 was prescribed. The injured worker had arthroscopy of right shoulder, partial acromionectomy and release of coracoacromial ligament, Mumford procedure with mini arthrotomy and cuff repair on 11/08/13 per operative report. The diagnosis dated 10/15/14 included rotator cuff tear, right shoulder; arthrosis, acromioclavicular joint, right; and impingement syndrome, right shoulder. The request is for Tylenol #3 #60 With One Refill. The utilization review determination being challenged is dated 10/24/14. The rationale is "modified to 1 prescription of Tylenol #3 #60... refill is not necessary until the patient's response to use can be assessed at the next follow up visit." Treatment reports were provided from 10/1/13 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #60 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with right shoulder pain. The request is for Tylenol #3 #60 with one refill. The patient is status post right shoulder surgery in 11/08/13 per operative report. The diagnosis dated 10/15/14 included right shoulder rotator cuff tear, right acromioclavicular joint arthrosis, and right shoulder impingement syndrome. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." UR letter dated 10/24/14 states "modified to 1 prescription of Tylenol #3 #60... refill is not necessary until the patient's response to use can be assessed at the next follow up visit." Per progress report dated 10/15/14, the provider requests Tylenol #3 for pain "to avoid injection." The patient has been taking Ultram since 07/23/14, and may be trying Tylenol #3, in an attempt to replace the Ultram, as he complains of continued breakthrough pain. MTUS does allow for different opiates based on patient's tolerance. Therefore, this request is medically necessary.