

Case Number:	CM14-0194604		
Date Assigned:	12/02/2014	Date of Injury:	06/20/2012
Decision Date:	01/15/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/20/2014

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 & 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 female with date of injury of 06/20/2012. The listed diagnoses from 11/05/2014 are: 1. Sprain of other specified sites of the shoulder and upper arm 2. Thoracic spine sprain/strain 3. Lumbar spine sprain/strain 4. Sacroiliac sprain 5. Thoracic or lumbosacral neuritis are radiculitis According to this handwritten report, that patient complains of low back pain. She also complains of increasing left shoulder pain due to the cold weather. Examination shows tenderness in lumbar spine. Left shoulder is tender. Yeoman's and Gaenslen's test is positive. Straight leg raise increases his low back pain. The rest of the report is difficult to decipher. The patient is currently working. The documents include a left sacroiliac joint infusion report from 07/21/2014 and progress reports from 12/10/2013 211/05/2014. The utilization review denied the request on 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 300/30mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with low back and left shoulder pain. The treater is requesting Tylenol 3 300/30mg Quantity 60. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Tylenol No. 3 use. The patient has utilized Motrin 250 mg and HEP for pain. While the patient's injury is from 2012, she may have tried opiates, but this is unknown. Given the patient's persistent symptoms, a short course of Tylenol No 3 is supported by the MTUS guidelines to determine its efficacy in terms of pain relief and functional improvement. The request IS medically necessary.