

Case Number:	CM14-0199939		
Date Assigned:	12/10/2014	Date of Injury:	09/23/2010
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 46 year old female with date of injury 9/23/10. The treating physician report dated 10/21/14 (38) indicates that the patient presents with aching and discomfort affecting the dorsoradial wrists bilaterally along with occasional numbness and tingling in the hands. The physical examination findings reveal a well-healed incision, mildly positive Tinel sign and trace Finkelstein test. Prior treatment history includes bilateral carpal tunnel surgery. The current diagnosis is carpal tunnel syndrome. The utilization review report dated 11/04/14 denied the request for Tylenol #3, 1-2 every 4-6 hours, #60 with 1 refill based on the fact that the request cannot be deemed medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, 1-2 every 4-6 hours, #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation www.drugs.com/dosage/acetaminophen-codeine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient presents with aching and discomfort in bilateral wrists along with occasional numbness and tingling in the hands. The current request is for Tylenol #3, 1-2 every 4-6 hours, #60 with 1 refill. The treating physician states that the patient is status post approximately one year bilateral carpal tunnel surgery. The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician states, "but for break-through pain, noted little benefit from tramadol. She was amenable to my suggestion to switch to Tylenol #3 which was prescribed today." The MTUS guidelines for initiating opioid therapy states, "Intermittent pain: Start with a short-acting opioid trying one medication at a time. Only change 1 drug at a time." The treating physician has recommended that the patient discontinue Tramadol and initiate a trial of Tylenol #3 which is supported by MTUS. The physician has also recommended that the patient be sent to a pain management specialist to monitor opioid usage, pain contracting and aberrant behavior monitoring. The physician will need to follow the MTUS guidelines for ongoing management for future requests. The current request for a trial of Tylenol #3 is medically necessary and is recommended for authorization.