

Case Number:	CM14-0201182		
Date Assigned:	12/11/2014	Date of Injury:	03/27/2013
Decision Date:	01/31/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

30y/o female injured worker with date of injury 3/27/13 with related bilateral elbow, and bilateral wrist/hand pain. Per progress report dated 11/28/14, the injured worker rated her pain 8/10, frequent in all areas and all the same. She stated that the pain and numbness in the left wrist and hand were slightly worsening. Per physical exam, the bilateral hands were tender dorsally. There was tenderness over the carpal tunnels. She had decreased sensation in the bilateral median nerve distribution. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the latest documentation submitted for review, it was noted that the use of this medication reduces the injured worker's pain from 8/10 to 4/10 and allows her to do more activities of daily living around the house such as cooking and cleaning for 40 minutes as opposed to 20 minutes without the pain medication. A urine toxicology report dated 9/23/14 was included in the documentation and was consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that the documentation did not support the request. The request is medically necessary.