MAXIMUS Federal Services

Case Number:	CM14-0205646		
Date Assigned:	12/17/2014	Date of Injury:	02/27/2014
Decision Date:	02/05/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency 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:

Patient with reported date of injury on 2/27/2014. Mechanism of injury is described as occurring while hooking a dolly to a trailer. Patient has a diagnosis of cervical, thoracic and lumbar sprain, cervical disc protrusions, R cervical radiculopathy, R lumbar radiculopathy and R rotator cuff tendinitis.Medical reports reviewed. Last report available until 10/22/14.Patient states there has been some improvement but continued pain especially low back.Objective exam reveals normal gait, cervical spine with tenderness to R upper, mid and lower paravertebral and trapezius muscles. Range of motion is mildly decreased. Pain with range motion. Lumbar and thoracic spine has limited ROM with diffuse tenderness. R shoulder has tenderness anteriorly with positive impingement sign. Limited ROM. 4/5 strength to shoulder. Negative straight leg raise. Patchy decreased sensation to R L5.MRI of R shoulder(5/24/14) reveals supraspinatus tendinosis, minimal subacromial and subscapularis bursitis, minimal effusion and osteoarthropathy of AC joint.MRI of Cervical spine(5/23/14) revealed multilevel disc herniation from C2-3 down to C6-7 with noted bilateral uncovertebral joint degeneration. No spinal canal stenosis.Medications list was not provided. Pt appears to be on Norco and Protonix.Patient has undergone physical therapy and chiropractic.Independent Medical Review is for Tylenol #3.Prior Utilization Review on 11/14/14 recommended non-certification. UR reports that the request is for 60tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Tylenol #3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Tylenol #3, an opioid, is acetaminophen and codeine. Per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document all required components. Patient has chronically been on Norco and decision to switch to Tylenol #3 is not due to clinical reason but to "DEA policy". Provider has failed to provide documentation to support chronic opioid therapy and rationale for change is not medically justified. Tylenol #3 is not medically necessary.