

Case Number:	CM14-0205718		
Date Assigned:	12/17/2014	Date of Injury:	09/12/2006
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of December 12, 2006. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for Tylenol No. 3. The claims administrator stated that the attending provider had failed to produce a narrative report documenting improvement with Tylenol No. 3. The applicant reportedly had issues with neck pain, low back pain, and depression, the claims administrator contended. The claims administrator went on to reference a July 24, 2014 progress note in its determination. The claims administrator stated that the applicant was already status post earlier shoulder surgery. The applicant's attorney subsequently appealed. In a November 11, 2014 progress note, the applicant reported ongoing complaints of neck pain, low back pain, and shoulder pain. The applicant was off of work, on disability, it was acknowledged. The applicant stated that medication consumption was attenuating his pain complaints. This was not quantified, however. The applicant was described as having difficulty with cold weather and associated muscle spasms, it was stated in another section of the note. The applicant was asked to continue Tylenol No. 3, Protonix, Ambien, and Motrin. The applicant was asked to follow up as needed. In an earlier note dated June 19, 2014, the applicant reported ongoing complaints of constant neck and back pain. The applicant was apparently pending a psychiatry evaluation. The applicant was asked to employ Xanax at a reduced dosage. The applicant was asked to continue Tylenol No. 3 on an as-needed basis. Protonix and Ambien were also sought. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 - APAP/Codeine 300-30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is seemingly off of work, on disability, the treating provider acknowledged in a November 11, 2014 progress note. The attending provider likewise failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.