MAXIMUS Federal Services

Case Number:	CM14-0093085		
Date Assigned:	07/25/2014	Date of Injury:	12/16/2009
Decision Date:	02/05/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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, has a subspecialty in 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:

This is a 72 year old female who sustained an industrial injury on 12/16/09. The injury occurred while she performed her job duties which included picking up 50 pound boxes of books and placing them on shelves and building shelves. The pain came on gradually. Her diagnoses consist of soft tissue mass, distal forearm, adjacent to ulnar nerve, right wrist, ulnar nerve entrapment, right wrist, radiographic findings compatible with scaphotrapeziotrapezoid degenerative changes, right wrist. Current treatments consist of MRI's, x-rays, physical therapy, cortisone injections, an EMG and medications. According to the most recent progress noted submitted the treating physician noted that the injured worker continued to complain of right arm pain, it was unchanged from prior visit. She had approval for an H-wave machine but had not received it at this time. At the time of the visit the injured worker's pain was described as aching and burning in the right elbow, shoulder and wrist. The pain was noted to be worse with lifting and better with resting. The treating physician noted difficulty in managing the injured worker's pain due to medication intolerance. She is currently taking Cymbalta and is tolerating it well. But it's noted to have little effect on pain level. The injured worker is retired. At this time the treating physician is requesting Tylenol #60 which was denied at UR on 6/3/14 by the reviewing physician.The request for Tylenol # 60 was denied by the reviewing physician using CAMTUS, Chronic Pain, Opioids Guidelines, this guideline notes that opiates are indicated for moderate to moderately severe pain. Within the medical record submitted, there was no documentation that the prescriptions were from a single practitioner and were taken as directed. There was no documentation there would be ongoing review of pain relief, functional status or appropriate medication use or side effects. Therefore this medication was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78,35,92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

Decision rationale: Regarding the request for Tylenol (acetaminophen), Chronic Pain Medical Treatment Guidelines state that Tylenol is recommended for the treatment of chronic pain and acute exacerbations of chronic pain. Guidelines go on to recommend Tylenol on a case-by-case basis. Within the documentation available for review, it is clear the patient has chronic pain which is limiting function. Therefore, the use of non-narcotic medication to attempt to control the patient's pain is a reasonable treatment option. As such, the currently requested Tylenol #60 is medically necessary.