

Case Number:	CM15-0001018		
Date Assigned:	01/12/2015	Date of Injury:	05/29/2013
Decision Date:	03/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 59 year old male, who sustained an industrial injury on 05/29/2013. The diagnoses have included DeQuervain's tenosynovitis and bilateral osteoarthritis of the wrists, bilateral impingement to the shoulders bilateral elbow sprain/strain with epicondylitis and left carpal tunnel syndrome. Treatment to date has included medications and acupuncture. Currently, the injured worker complains of bilateral shoulder elbow and wrist pain. The treating provider noted right shoulder tenderness and spasms with restricted range of motion. Both shoulders had positive impingement signs. The right elbow was tender. The pain level was 6/10 with medications and 8/10 without medications. On 11/26/2014 Utilization Review non-certified Tylenol 300/30mg #60, noting the MTUS Chronic Pain Treatment Guidelines, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 300/30mg Q12H PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient, a 59-year-old male with an injury date of 05/29/13, presents with bilateral shoulder, elbow, forearm, wrist, and hand pain. The request is for TYLENOL 300/30 MG Q12H PRN #60. The RFA is not included. Patient is temporarily totally disabled. Progress reports were hand-written, illegible, and difficult to interpret. MTUS Guidelines pages 88 and 89 states, "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 adverse 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. The prescription for Tylenol was first mentioned in the progress report dated 11/07/14. In review of medical records, it is not known whether or not the patient was previously treated with this medication and for how long . In this case, there are no examples of specific ADLs which demonstrate medication efficacy. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcomes measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance is not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for opiate use. The request IS NOT medically necessary.