

Case Number:	CM15-0139197		
Date Assigned:	07/29/2015	Date of Injury:	11/03/2013
Decision Date:	09/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on November 3, 2013. He reported being slapped in the face with a pie as part of a bonding experience at a conference causing a whiplash type injury. The injured worker was diagnosed as having degeneration of cervical intervertebral disc and chronic pain syndrome. Treatments and evaluations to date have included home exercise program (HEP), physical therapy, acupuncture, MRI, chiropractic treatments, and medication. Currently, the injured worker complains of neck pain radiating to the right upper extremity and right shoulder pain with tingling and aching, weakness, and numbness. The Treating Physician's report dated June 11, 2015, noted the injured worker reported the pain level 2/10 with medications and 6/10 without medications, noting the medications were helping a lot with activities of daily living (ADLs) improved. The injured worker's current medications were listed as Methocarbamol and Tylenol-Codeine. Physical examination was noted to show the cervical spine with tenderness of the paracervicals, trapezius, and rhomboids bilaterally. The injured worker was noted to be working full time. The treatment plan was noted to include continued home exercise program (HEP) and current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300mg/30mg #75 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Tylenol #3 for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement, including return to work. It does address the efficacy of concomitant medication therapy. Although exact frequency of follow up with opioids is not specified in CA MTUS or ODG, the DEA does allow for up to a three month supply be provided (typically in three separately signed prescriptions) at a single visit. Therefore, the record does support the request for ongoing opioid therapy with Tylenol #3 and is medically necessary.