

Case Number:	CM15-0140285		
Date Assigned:	07/30/2015	Date of Injury:	05/06/2013
Decision Date:	09/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of May 6, 2013. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve a request for Tylenol No. 3. A June 3, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 29, 2015, the applicant reported 8/10 arm pain complaints. The applicant was using Tylenol No. 3 and Tramadol for pain relief, it was reported. In one section of the note, it was stated that the applicant's pain complaints were constant and worsened by activity. In another section of the note, the applicant reported 7/10 pain without medications versus 2 to 3/10 with medications. The applicant had undergone earlier ulnar decompression surgery, it was reported. The applicant's work status was not clearly detailed. In a November 10, 2015 progress note, it was stated that the applicant was not capable of performing the usual and customary duties of her former occupation. It was suggested (but not clearly stated) the applicant was a qualified injured worker. The applicant's lifting capacity was significantly diminished, it was reported. On June 3, 2015, the applicant was asked to continue Tylenol No. 3 and Lunesta for ongoing complaints of wrist and forearm pain. Permanent work restrictions were renewed. Once again, it was not clearly stated whether the applicant was or was not working with said permanent limitations in place. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 78-80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Tylenol No. 3, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly not working, it was suggested (but not clearly stated) above. A June 3, 2015 progress note did not incorporate any seeming discussion of medication efficacy. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tylenol No. 3 usage. Therefore, the request was not medically necessary.