

<b>Case Number:</b>	CM15-0142735		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: 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 injured worker is a 32 year old male who sustained an industrial/work injury on 11/2/13. He reported an initial complaint of right shoulder and wrist pain. The injured worker was diagnosed as having right wrist tendinitis and right rotator cuff tendinitis. Treatment to date includes medication and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was negative. Currently, the injured worker complained of continued right shoulder pain with improvement in wrist. Per the primary physician's report (PR-2) on 6-16-15, exam noted tenderness on the anterior and lateral right wrist, flexion and abduction at 160 degrees, internal and external rotation at 80 degrees, adduction at 40 degrees, and extension at 30 degrees, motor strength at 5- out of 5, wrist showed full range of motion with some tenderness on the volar aspect, and grip strength at 5- out of 5. Current plan of care included MRI (magnetic resonance imaging) of right shoulder, modified duties, and medication. The requested treatments include Tylenol ES.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol ES #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Tylenol ES for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tylenol ES #60 with 2 refills is not medically necessary.