

Case Number:	CM15-0146965		
Date Assigned:	08/07/2015	Date of Injury:	06/13/2014
Decision Date:	09/11/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii

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 56 year old male, who sustained an industrial injury on June 13, 2014. Treatment to date has included chiropractic therapy, work restrictions, MRI of the right knee, TENS unit, and right shoulder surgery. Currently, the injured worker complains of pain in his cervical spine, lumbar spine, right shoulder and right knee. He reports persistent, intermittent, worsening pain in his neck which he rates an 8 on a 10 point scale. He reports constant low back pain which he rates a 9 on a 10 point scale. His right shoulder pain is constant and worsening and he rates this pain a 10 on a 10 point scale. The injured worker describes his right knee pain as constant and worsening and rates it an 8 on a 10 point scale. He notes that Tylenol #3 helps him with his pain and reduces his pain to a 6-7 on a 10 point scale. His medication allows him to continue working with his work restrictions. The injured worker reports that his pain is made better with rest and is made worse with activities and the weather. On physical examination the injured worker has decreased range of motion of the cervical spine and tenderness to palpation over the cervical paraspinal muscles. He has positive Spurling's sign on the right and decreased strength on the right. His lumbar spine is tender to palpation at the middling and over the paraspinal musculature. He has limited and asymmetric loss of range of motion of the lumbar spine. His right shoulder has positive Hawkins and Neer's tests and he has tenderness to palpation over the subacromial space. He has reduced strength in flexion, abduction, and external rotation. His right knee has tenderness to palpation over the medial and lateral joint lines and slightly decreased quadriceps strength. He exhibits positive McMurray's sign, and Valgus and Varus stress tests. The diagnoses associated with the request include cervical sprain, lumbar sprain, right knee sprain, right shoulder strain. The treatment plan includes heating peripheral artery disease, continued use of TENS unit, MRI of the right shoulder, and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient is a 56 year old man who injured his right knee, neck and low back in a work related incident on 6/13/2014. There was only one progress report included in the medical records. In the record the PTP stated the patient received analgesia from the Tylenol #3, was tested for aberrant behavior, and was able to continue working with use of Tylenol #3. There are no adverse effects on review of systems. The MTUS guidelines support the usage of Tylenol with Codeine for the treatment of chronic pain. MTUS Guidelines pages 88 and 89 state, "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. In this case, the progress note documents the required 4As. The medication is medically necessary.