

Case Number:	CM15-0163147		
Date Assigned:	08/31/2015	Date of Injury:	08/22/2007
Decision Date:	10/05/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/19/2015

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 female who sustained an industrial injury on 8-22-07. Her initial complaints and the nature of the injury are unavailable for review. On 7-24-15, the injured worker complained of bilateral wrist pain that increased with gripping, grasping, pushing, pulling and lifting. The pain was noted to decrease with medications and rest. The diagnoses are available on the report. However, they are illegible for review. The treatment recommendation was for Tylenol #3 "1 tablet once to twice per day as needed" to help improved activities of daily living, improve participation in a home exercise program, and improve sleep patterns. The report indicates that authorization has been obtained for "anesthesia" for a recommended surgery. However, the bilateral carpal tunnel release (right side first) is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30mg Qty 45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The 59 year old patient complains of bilateral wrist pain, rated at 6/10, as per progress report dated 07/24/15. The request is for TYLENOL #3 300/30mg QTY 45. The RFA for this case is dated 07/24/15, and the patient's date of injury is 08/22/07. Diagnoses, as per progress report dated 07/24/15, included cervical spine sprain/strain radiating to right upper extremity, right shoulder sprain/strain, lumbar sprain/strain radiating to lower extremities, and bilateral wrist sprain/strain, and s/p knee (illegible). The patient is pending bilateral carpal tunnel release. The patient is taking Tylenol # 3 for pain relief. She is temporarily totally disabled, as per progress report dated 06/10/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, several reports are handwritten and difficult to decipher. As per progress report dated 07/24/15, Tylenol # 3 helps reduce pain from 9/10 to 3-4/10. With medications, the patient is better able to do housework, cooking/dishes, bathing and self-care, and dressing. Medications also help improve sleep and participation in HEP. Side effects include nausea and vomiting, and there is no aberrant behavior. No UDS reports are available for review. MTUS requires a clear documentation regarding impact of Tramadol on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Nonetheless, given the impact of the medication on the patient's pain and function and the possible CTR, which is pending, the request appears reasonable and is medically necessary.