MAXIMUS Federal Services

Case Number:	CM15-0164619		
Date Assigned:	09/03/2015	Date of Injury:	06/16/2011
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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
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 55 year old female, who sustained an industrial injury on 6-16-2011. Diagnoses include pain in joint shoulder and pain in joint forearm. Treatment to date has included conservative measures including diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 7-31-2015, the injured worker reported right upper extremity pain and shoulder pain. She is requesting oxycodone for her pain which was previously prescribed by another provider. She states that the oxycodone brings her pain down from 7-8 out of 10 to 3-4 out of 10. She uses the oxycodone at night when her pain is worse and uses Tylenol Ex during the day. Physical examination revealed no tenderness to the upper extremity shoulder capsule or forearm; she has full range of motion and a negative drop sign. She has a positive scratch test on the right which is negative on the left. The plan of care included medications and authorization was requested for oxycodone 5mg #30 and Tylenol Ex 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol Ex-str 500mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tylenol Page(s): 11.

Decision rationale: The California MTUS section on Tylenol states: Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case by case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. The requested medication is a recommended treatment and the paint has no documented contraindications to the medicine. Therefore the request is medically necessary.