

Case Number:	CM15-0166377		
Date Assigned:	09/04/2015	Date of Injury:	06/25/2012
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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 [REDACTED] beneficiary who has filed a claim for chronic shoulder, hand, finger, and elbow pain reportedly associated with an industrial injury of June 25, 2012. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for Tylenol with Codeine. An RFA form dated July 2, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On said July 2, 2015 progress note, the applicant reported ongoing complaints of shoulder, wrist, and elbow pain. The applicant was on metformin, glipizide, albuterol, Motrin, it was stated in one section of the note. The applicant had comorbidities including diabetes. Celebrex and Tylenol No. 3 were endorsed at the bottom of the report, while the applicant was placed off of work, on total temporary disability. On June 12, 2015, Celebrex and Tylenol No. 3 were previously endorsed while the applicant was, once again, placed off of work, on total temporary disability. 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:

Retrospective request for Tylenol 3 300/30mg #60 (DOS: 07/02/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. The request in question represented a renewal or extension request for the same as the applicant had previously been given Tylenol No. 3 on an earlier office visit of June 1, 2015. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, on total temporary disability, as acknowledged on July 2, 2015. 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 on that date. Therefore, the request was not medically necessary.