

Case Number:	CM15-0183477		
Date Assigned:	10/01/2015	Date of Injury:	02/11/2007
Decision Date:	11/10/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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, Georgia
 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 46 year old female, who sustained an industrial injury on 2-11-07. Current diagnoses or physician impression includes myofascial pain, carpal tunnel syndrome and chronic pain syndrome. Her work status is permanent and stationary. A note dated 8-7-15 reveals the injured worker presented with complaints of constant bilateral wrist pain described as burning, dull, radiating, numbing and pressure and is rated at 7-10 out of 10. The pain is increased with cleaning and exercising and improved by sitting on the couch. She reports her pain is reduced to 8 out of 10 with medication that last for 20-30 minutes. She reports the medications decrease her pain, improve numbness and increase activity tolerance, per note dated 6-8-15. In a note dated 4-20-15 the injured worker reported pain relief is decreased to 6 out of 10 with medication that lasted 1-2 hours. A physical examination dated 6-8-15 8-7-15 revealed decreased bilateral grip strength. Treatment to date has included medications; Gralise, Tramadol (discontinued due to nausea) and Relafen, right wrist brace, home exercise program, psychotherapy, electromyography (2011), functional restoration program (2009) and bilateral carpal tunnel release (2007, 2008). A toxicology screen dated 8-7-15 is negative. A request for authorization dated 8-14-15 for Tylenol #3 quantity #30 is non-certified, per Utilization Review letter dated 8-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #30: 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, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Tylenol #3, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case states that currently used tramadol causes nausea but that the claimant continues to use the medication. The plan was to discontinue tramadol and start Tylenol #3. However, a UDS obtained while the claimant was reportedly taking tramadol was negative for tramadol and therefore inconsistent with prescribed medication. Given this concerning finding, a switch to an alternate opioid medications not indicated. The record does not support medical necessity of opioid therapy with Tylenol #3.