

Case Number:	CM15-0183962		
Date Assigned:	09/24/2015	Date of Injury:	05/09/2011
Decision Date:	10/30/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old female, whose date of injury was May 9, 2011. She reported a cumulative trauma injury due to repetitive work. The medical records indicated the injured worker was treated for bilateral carpal tunnel syndrome, bilateral de Quervain's tenosynovitis and first carpometacarpal joint degeneration bilaterally. According to the progress notes (8-17-2015), the injured worker reported no changes in her symptoms. She reported constant, dull pain of the left forearm, wrist and hand which she rated a 7 on a 10-point scale. She complained of right forearm, wrist and hand pain which she rated a 7 on a 10-point scale. Treatment to date has included physical therapy, chiropractic therapy and acupuncture therapy. She had an active left wrist range of motion of flexion to 60 degrees, extension to 70 degrees, radial and ulnar deviation to 20 degrees, pronation to 70 degrees, and supination to 85 degrees. Her right wrist and hand active range of motion was flexion to 50 degrees, extension to 40 degrees, radial deviation to 10 degrees, ulnar deviation to 30 degrees, pronation to 70 degrees and supination to 85 degrees. She was status post left carpal tunnel release with tendon release of the right thumb on 8-25-14 and completed 28 sessions of post-operative physical therapy for the left hand with noted improvement in pain and range of motion. She had steroid injections to each hand-wrist with no benefit. Medications included Tylenol #3 since at least 3-3-15. A request for authorization for prospective 120 tablets of Tylenol #3 between 9-11-15 and 10-26-2015 was received on September 5, 2015. On September 15 2015, the Utilization Review physician modified prospective 120 tablets of Tylenol #3 between 9-11-15 and 10-26-15 to prospective 13 tablets of Tylenol #3 between 9-11-15 and 10-26-15 because evidence of recent monitoring for

medication compliance, such as pill count, pain contract, or a urine drug screen was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #120: Overturned

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, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in May 2011 and underwent an endoscopic left carpal tunnel release with first dorsal compartment release and probable triangular fibrocartilage complex debridement in August 2014 complicated by a post-operative infection. When seen, Tylenol #3 was providing a 25% improvement in pain and allowing for an increase level of daily functioning. Physical examination findings included a body mass index of 29. There was mild wrist swelling with decreased strength. Tinel, Phalen, Finkelstein, and Carpal Compression testing was positive. Tylenol #3 was continued. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and this medication is providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.