

<b>Case Number:</b>	CM15-0185381		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 45-year-old female who sustained an industrial injury on 2-5-14. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain, bilateral shoulder strain impingement, bilateral elbow medial and lateral epicondylitis, and rule out bilateral carpal tunnel syndrome. Medical records dated 8-13-15 indicate pain rated at 7 to 8 out of 10. Provider documentation dated 8-13-15 noted the work status as remain off work for six weeks. Treatment has included status post L5-S1 laminectomy (2007), nerve conduction velocity study and electromyography (2014), left shoulder radiographic studies (8-29-14), lumbar spine radiographic studies (8-29-14), cervical spine radiographic studies (8-29-14), physical therapy, acupuncture treatment, and injection therapy. Objective findings dated 8-13-15 were notable for joint pain, muscle spasms, bilateral upper extremities with numbness and tingling. The original utilization review (9-8-15) partially approved a request for Tylenol Number 3 quantity of 60 and 1 surgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 #60:** 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): Codeine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine®).

**Decision rationale:** MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. The previous review recommended weaning and certified a modified request, Tylenol No. 3 #30. As such, the request for Tylenol No. 3 #60 is not medically necessary.

**1 surgical consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, and Shoulder Complaints 2004, Section(s): Follow-up Visits.

**Decision rationale:** ACOEM states for a shoulder injury "Referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.). Activity limitation for more than four months, plus existence of a surgical lesion. Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair". ACOEM states for neck and upper back injuries "The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms. Activity limitation for more than one month or with extreme progression of symptoms. Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term. Unresolved radicular symptoms after receiving conservative treatment." The treating physician has provided the specific goal of the orthopedic referral and has provided documentation to meet the above ACOEM guidelines for referral to an orthopedic specialist for shoulder complaints. As such, the request for a 1 surgical consultation is medically necessary.