Case Number:	CM15-0186437		
Date Assigned:	09/28/2015	Date of Injury:	02/03/1999
Decision Date:	11/10/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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:

This injured worker is a 65 year old male who reported an industrial injury on 2-3-1999. His diagnoses, and or impressions, were noted to include: status-post left shoulder surgery (4-13-99) and left shoulder arthroscopy with rotator cuff repair (1-12-00); failed shoulder surgery; and chronic pain syndrome, left upper extremity. No current imaging studies were noted. His treatments were noted to include: diagnostic x-rays and magnetic resonance imaging studies and electrodiagnostic studies of the left shoulder; psychiatric evaluation and treatment; left shoulder surgery (1999 & 2000); an agreed medical evaluation in 2001, with re-evaluation in 2004; medication management; and placed on work restrictions, though he was noted to not be working and was medically retired. The progress notes of 8-5-2015 reported: complaints of moderate pain in his left shoulder, rated 5 out of 10, with constant radiating pain to the proximal neck and down the left arm into his elbow, associated with throbbing, stiffness and weakness, and limited range-of-motion, gripping, grasping and reaching overhead or behind his back; difficulties with a activities of daily living; and of psychological trauma with emotional distress, anxiety, depression, nervousness, frustration and insomnia. The objective findings were noted to include: a settlement in his case providing future medical, multiple transfers in providers of care, and that he was not currently receiving medical treatment; that he had been on his psychotropic medications since around 2001; his current list of medications were noted to include Tramadol, Gabapentin, and Tizanidine; persistent, intermittent and moderate left shoulder pain; moderate tenderness over the entire left shoulder with pain & discomfort in all planes of bilateral shoulder range-of-motion, with decreased strength in the left shoulder, and positive Neer's sign, Hawkins-Kennedy sign and drop arm sign. The physician's requests for treatment were noted to include the initiation of Tylenol #3, #60, 1 twice a day as needed for pain, with 1 refill, to replace

Tramadol because the current guidelines did not recommend its use with Gabapentin, due to a pre-disposition to seizures. The Request for Authorization, dated 8-5-2015, was noted to include Tylenol #3, #60 with 1 refill. The Utilization Review of 8-20-2015 modified the request for Tylenol #3 (with Codeine), #60 with 1 refill, to #60 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol-3#60 with 1 Refill: 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 for chronic pain, Opioids, criteria for use.

Decision rationale: Management of patients using opiods for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation shows that Tylenol with codeine is being used for chronic pain. The prescription is for a months' supply and a refill. It would be medically appropriate to assess the patient's functional improvement and the efficacy of the new medication before a medication refill. The use of Tylenol with codeine #60 with 1 RF is not medically necessary.