MAXIMUS Federal Services

| Case Number: | CM15-0188590 | | |
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| Date Assigned: | 09/30/2015 | Date of Injury: | 09/30/2005 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

## 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 52-year-old who has filed a claim for chronic shoulder, elbow, wrist, neck, and low back pain reportedly associated with an industrial injury of September 30, 2005. In a Utilization Review report dated September 18, 2015, the claims administrator partially approved a request for Tylenol No. 3 while approving a urine toxicology screen outright. The claims administrator referenced an RFA form received on September 10, 2015 in its determination. The applicant's attorney subsequently appealed. On September 14, 2015, it was acknowledged that the applicant was off of work and had been deemed "permanently disabled." 6/10 pain with medications versus 6/10 without medications was reported. Multifocal complaints of neck and back pain were evident, with attendant difficulty performing activities as basic as standing and walking. The applicant was kept off of work. Suprascapular nerve blocks were sought, while Butrans, Lidoderm patches, Colace, Prilosec, and Tylenol with Codeine were renewed and/or continued.

## 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): 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. 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 was off of work and had been deemed permanently disabled, the treating provider reported on September 14, 2015. It did not appear that ongoing usage of Tylenol No. 3 had proven particularly beneficial as the applicant reported 6/10 pain complaints with medications and 6/10 without medications. The applicant reported difficulty performing activities as basic as self-care, personal hygiene, ambulating, and sleeping, it was reported on September 14, 2015. All of the foregoing, taken together, strongly suggested the applicant had in fact failed to profit from ongoing Tylenol No. 3 usage in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.