

Case Number:	CM15-0189551		
Date Assigned:	10/01/2015	Date of Injury:	12/07/2013
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This 42 year old woman sustained an industrial injury on 12-7-2013. Evaluations include electromyogram and nerve conduction studies of the bilateral upper extremities dated 6-7-2014. Diagnoses include right wrist strain with post-injury carpal tunnel syndrome and cervical spine strain. Treatment has included oral medications. Physician notes dated 6-22-2015 show complaints of neck pain with radiation to the upper back and right wrist and hand pain with numbness, tingling, and "shocking sensations". The physical examination shows persistent localized tenderness over the right carpal tunnel, positive Tinel's and Phalen's signs, decreased sensation tot light touch in the tips of the median digits. Cervical range of motion is "moderately limited" without measurements, Spurling's sign and supraclavicular compression testing are negative. Recommendations include Voltaren ER, Protonix, Tylenol #3, repeat electrodiagnostic studies, continue use of right wrist splint, and follow up in one month. Utilization Review denied a request for Tylenol #3 on 9-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request of Tylenol #3, 300/30mg, 1 tab three times a day as needed #60 for the right wrist, DOS: 06/22/15: 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 does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. A urine drug screen performed during therapy with Tylenol #3 was negative for any metabolites of the prescribed opiate medication and therefore was inconsistent with the prescribed therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Tylenol #3. The request is not medically necessary.