

Case Number:	CM15-0196493		
Date Assigned:	10/12/2015	Date of Injury:	04/21/2001
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 injured worker is a 64 year old female, who sustained an industrial-work injury on 4-21-01. She reported initial complaints of neck and left shoulder pain. The injured worker was diagnosed as having cervical sprain-strain with severe spondylosis and shoulder bursitis, and status post left shoulder decompression x2 with revisions. Treatment to date has included medication and surgery. Currently, the injured worker complains of severe cramps in the left shoulder and neck. The pain is rated 8 out of 10 at all times and with medication it is 4 out of 10. With medication, there is 50% reduction in pain and functional improvement with ADL's (activities of daily living). She is not working and on disability. Medications included Tylenol No 3 with codeine, Mobic 15 mg, Pamelar 10 mg, and Baclofen 10 mg. Urine screens have been appropriate and narcotic contract was in place. Per the primary physician's progress report (PR-2) on 8-20-15, exam notes left shoulder has limited range of motion and 4 out of 5 weakness in left shoulder abduction. Neck range is limited in all planes, cervical compression causes neck pain but does not radiate and had 4 out of 5 weakness in the left shoulder abduction. The right shoulder reveals crepitus on circumduction passively, active limited range of motion in the right shoulder as well with positive impingement sign. The Request for Authorization requested service to include Tylenol #3 w/codeine #120. The Utilization Review on 9-8-15 modified the request for Tylenol #3 w/codeine #30 , per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 w/codeine #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective documentation of functional improvement and the injured worker is not working. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tylenol #3 w/codeine #120 is determined to not be medically necessary.