

Case Number:	CM15-0209507		
Date Assigned:	10/28/2015	Date of Injury:	02/26/2013
Decision Date:	12/17/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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, North Carolina
 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:

The injured worker is a 44 year old female who sustained an industrial injury on 2-26-13. A review of the medical records indicates that the worker is undergoing treatment for right shoulder myofascial strain-impingement with diagnostic ultrasound dated 8-22-13 revealing rotator cuff (supraspinatus) tendinitis, status post left carpal tunnel release (3-31-13), bilateral forearm and wrist tendinitis with minimal bilateral thumb carpometacarpal osteoarthritis (per MRI scan 8- 2014), bilateral cubital elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome. Subjective complaints (9-22-15) include right shoulder pain, weakness and limited range of motion and bilateral elbow and wrist on and off flare ups. Pain with medication is rated at 4 out of 10 and without medication is rated at 8 out of 10 (pain with medication is rated 5-6 out of 10 and without medications is rated 7-8 out of 10 on 5-26-15). It is noted that the functional benefits of the medication is she is better able to do house work, bathing and self care, and improved participation in a home exercise program. Objective findings (9-22-15) include right shoulder tenderness to palpation over the subacromial region, supraspinatus tendon acromioclavicular joint and anterior capsule, positive impingement, positive cross arm test, and apprehension test elicits increased pain. Shoulder range of motion is reported in degrees as: flexion 120, extension 30, abduction 110, adduction 30, internal rotation 40, and external rotation is 50 with grade 4 out of 5 weakness in all planes. A urine drug screen (3-30-15) revealed compliance with medications. Previous treatment includes at least 12 visits of physical therapy, Tylenol No 3 (since at least 5-26-15) and chiropractic therapy. On 10-12-15, the requested treatment of Tylenol No. 3, 300-30mg #60 was modified to certify Tylenol No. 3, 300-30mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Tylenol No. 3 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: This is a 44 year-old female with a date of injury of 2/26/2013. Pt is being treated for chronic neck and upper extremity pain. The request is for a refill of Tylenol #3. Tylenol #3 is a combination of codeine and acetaminophen. In this case, the patient has been prescribed Tylenol #3 since at least 5/26/2015 and has failed to show overall improvement in function. The patient was treated with other narcotics prior to the Tylenol #3. Guidelines state that long-term opioids can be considered if there is significant pain reduction, functional improvement and return to work. There is no documentation in this case of the claimant returning to work and no overall improvement in function. Therefore, the request is not medically necessary or appropriate.