

Case Number:	CM15-0028956		
Date Assigned:	02/20/2015	Date of Injury:	03/09/2000
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 77 year old female, who sustained an industrial injury on 03/09/2000. The diagnoses have included bilateral shoulder rotator cuff tears, status post bilateral shoulder rotator cuff repairs, and bilateral shoulder degenerative joint disease. Noted treatments to date have included medications. No MRI report noted in received medical records. In a progress note dated 01/09/2015, the injured worker presented with complaints of 10/10 pain level to bilateral shoulders. The treating physician reported providing medications to help relieve her symptoms pending referral to a pain management doctor. Utilization Review determination on 01/16/2015 non-certified the request for Pain Management Referral and Tylenol 3 #60 citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Symptoms are unchanged without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged non-complex medication profile receiving Tylenol #3 for this 77 year old IW. Submitted reports have not adequately demonstrated any clear or specific indication or diagnoses indicative of a pain consultation for uncomplicated complaints currently under care . There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The Pain Management Referral is not medically necessary and appropriate.

Tylenol 3, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 79-80.

Decision rationale: Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of codeine is also not warranted without demonstrated functional improvement. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tylenol 3, #60 is not medically necessary and appropriate.

