

Case Number:	CM15-0213879		
Date Assigned:	11/03/2015	Date of Injury:	10/25/2013
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/29/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male, who sustained an industrial injury on 10-25-13. The injured worker was diagnosed as having bilateral shoulder impingement; cervical radiculopathy secondary to C6-C7 disc herniation; left foot strain with possible neuroma; right elbow pain epicondylitis. Treatment to date has included status post right shoulder arthroscopy subacromial decompression (11-12-14); medications. Diagnostics studies included MRI cervical spine (9-18-15). Currently, the PR-2 notes dated 9-25-15 indicated the injured worker returns to this office for an orthopedic re-evaluation of his work related injuries to this neck, shoulders, left foot and left ankle. The provider documents "The patient states that he is having significant amount of neck pain that is constant and described as achy. Pain level is constant 8-9 out of 10 with radiation to the left greater than right upper extremity. He recently has an MRI scan of the cervical spine. He is complaining of ongoing bilateral shoulder pain as well and described as achy and burning. He is currently taking insulin, Metformin and Tylenol #4 which he states are helping." On physical examination the provider notes "The patient has an antalgic gait; unable to heel walk. Cervical spine has mild torticollis bilaterally. Head compression sign is markedly positive. Spurling's maneuver is positive bilaterally. He has exquisite tenderness and muscle spasm, both at rest and on range of motion bilaterally. He has pain on scapular retraction with bilateral levator scapula has a knot. Forward flexion is 25 degrees, extension 20, tilt and rotation right and left are 20-25 with significant pain increase; diminished biceps reflex; triceps and brachioradialis jerk are intact; sensation on lateral aspect of deltoid is diminished; dorsum of hand is diminished but sensation of skin is intact. He has tenderness in the acromioclavicular

joint with crepitus on motion noted. The apprehension and Neer's, Hawkin's, O'Brien's and drop arm test are all negative with impingement sign positive." The provider reviews a MRI of the cervical spine done 9-18-15 showing disc protrusion at C6-C7 with mild central canal narrowing and 3mm right foraminal disc osteophyte complex with moderate narrowing of the right neural foramen. The treatment plan includes a request for surgical consult-intervention of the cervical spine and a prescription for Tylenol #4. He also requested acupuncture 8 sessions. Another PR-2 note dated 9-11-15 and does not relate to Tylenol #4. The medical documentation submitted for review does not define the initial date of when the Tylenol #4 medication was prescribed. A Request for Authorization is dated 10-29-15. A Utilization Review letter is dated 10-20-15 and non-certification for Tylenol No. 4 #60 1 by mouth every 6-8 hours. A request for authorization has been received for Tylenol No. 4 #60 1 by mouth every 6-8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 #60 1 by mouth every 6-8 hours: 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: Tylenol No. 4 #60 1 by mouth every 6-8 hours is not medically necessary. Tylenol # 4 contains a naturally occurring opioid, codeines. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.