

Case Number:	CM15-0217889		
Date Assigned:	11/09/2015	Date of Injury:	04/10/2014
Decision Date:	12/03/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/18/2015

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:

This injured worker is a 62 year old male, who sustained an industrial injury on 11-12-2015. The injured worker was diagnosed as having right shoulder full thickness retracted rotator cuff tear, status post right shoulder rotator cuff repair 03-2015 and left shoulder pain secondary to compensation. On medical records dated 05-01-2015 and 07-07-2015, the subjective complaints were noted as right shoulder pain. Pain was noted at 6-7- out of 10 without medication and with medication pain was rated a 2-4 out of 10. Objective findings were noted as right shoulder was noted to have an increase in range of motion, neurovascular status was intact distally and strength was noted as decreased. Treatments to date included surgical intervention, physical therapy and medication. No evidence of a completed urine toxicology screen was completed. The injured worker was noted to be not working. Current medications were listed as Tylenol #3 (since at least 03-2015). The Utilization Review (UR) was dated 07-30-2015. A Request for Authorization was dated 07-22-2015. The UR submitted for this medical review indicated that the request for Tylenol #3 (Codeine 30-Acetaminophen 300mg) 1-2 tablets by mouth every 6 hours #60 was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 (Codeine 30/Acetaminophen 300mg) 1-2 tablets by mouth every 6 hours #60:
Upheld

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

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

Decision rationale: The patient presents on 07/07/15 with right shoulder pain rated 4/10 with medications, 6-7/10 without. The patient's date of injury is 11/12/15. Patient is status post right shoulder arthroscopic rotator cuff repair on 03/06/15. The request is for TYLENOL #3 (CODEINE 30/ACETAMINOPHEN 300MG) 1-2 TABLETS BY MOUTH EVERY 6 HOURS #60. The RFA is dated 07/22/15. Physical examination dated 07/07/15 reveals increased range of motion with 130 degrees on flexion, 120 degrees on abduction, 40 degrees on extension and adduction, and 60 degrees on internal/external rotation with decreased strength noted on flexion/abduction. The patient is currently prescribed Tylenol 3. Patient is currently not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Tylenol 3 for the management of this patient's chronic shoulder pain, the treater has not provided adequate documentation of functional improvements to continue its use. Progress note dated 07/07/15 notes that Tylenol 3 reduces this patient pain from 7/10 to 4/10. Addressing efficacy, the provider states: "As there are no signs of abuse, overuse, or adverse reactions. It does allow him to do more activities of daily living around the house and tolerate his physical therapy." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence of regular urine drug screening, though no toxicology reports were provided for review. There is also evidence of analgesia via a validated scale and an explicit statement regarding a lack of aberrant behaviors. However, the provider's documentation of functional improvements are somewhat vague, noting that this patient's ADL's are improved, and that medications allow him to tolerate PT. However, these are somewhat vague and generic statements which do not clearly establish functional improvement as required by MTUS guidelines and it is also not indicated that this patient has any remaining authorized physical therapy. Without more clearly stated activity-specific functional improvements, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.