

Case Number:	CM15-0037734		
Date Assigned:	03/06/2015	Date of Injury:	11/23/2008
Decision Date:	07/21/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 47 year old female who sustained an industrial injury on 11/23/2008. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having failed surgery to right upper extremity and bilateral nerve and soft tissue damage. Treatment to date has included medication and surgery. Currently, the injured worker complains of throbbing and muscle spasm in the right upper extremity. On examination there is noted swelling at the proximal forearm and dysesthesias over the ulnar to the median nerve distribution, and positive myofascial spasm over right dorsal extensor belly. The treatment plan includes Tylenol #4 with Tizanidine for nerve pain and muscle spasm. The IW is also suing stretches, braces, and ice. A request for authorization is made for Tylenol #3 Qty. 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Qty. 90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in November 2008 and continues to be treated for right upper extremity pain. Medications are referenced as effective in decreasing pain with up to 80% benefit and allowing her to function including continuing to work. When seen, there was decreased wrist range of motion with tenderness. Tylenol #3 was requested at a total MED (morphine equivalent dose) of less than 20 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and allowing the claimant to continue working. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.