

Case Number:	CM15-0038907		
Date Assigned:	03/09/2015	Date of Injury:	06/17/2009
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 60-year-old male, who sustained an industrial injury on 6/17/09. He reported right elbow and forearm. The injured worker was diagnosed as having right ulnar neuritis, status post right ulnar nerve transposition, right wrist pain and myofascial pain. Treatment to date has included (CT) computerized tomography scan of right elbow, (EMG) Electromyogram and (NCV) Nerve Condition Velocity, neuroplasty of right ulnar nerve at the elbow, tendon sheath incision of right ring finger, oral medications and wrist splint. Currently, the injured worker complains of persistent right elbow, forearm and neck pain. He states his elbow pain is a bit worse, increasing more during the night and he has difficulty sleeping more than two hours due to the pain. The treatment plan on progress note dated 1/30/15 noted Tylenol, Tramadol and Zorvolex. On physical exam, tenderness was noted along the right medial epicondyle lateral region, to right forearm and musculature area and tenderness and spasms were noted on cervical paraspinal muscle, stiffness noted on motion of the spine. Dysesthesia was noted to light touch of right ulnar region distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 650 mg Qty 60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines: Acetaminophen.

Decision rationale: Per ODG, acetaminophen is recommended for the treatment of acute pain, chronic pain, and acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The documentation indicates the claimant has persistent right elbow, right forearm and neck pain. Given his pain conditions, acetaminophen at a total dose of 3 gram per day is medically necessary and reasonable. Medical necessity for the requested medication is established. The requested medication is medically necessary.