

Case Number:	CM15-0039981		
Date Assigned:	03/10/2015	Date of Injury:	12/08/2006
Decision Date:	08/05/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: Emergency 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 47 year old female, who sustained an industrial injury on 12/8/06. She reported pain in her right shoulder, elbow and wrist. The injured worker was diagnosed as having right shoulder strain and right elbow lateral epicondylitis. Treatment to date has included an IF unit, Nucynta and Tylenol. There is only one progress note submitted for review with multiple copies. The progress note submitted was difficult to decipher. As of the PR2 dated 1/19/15, the injured worker reports pain in the right elbow and right wrist. Objective findings include tenderness in the right wrist with flexion and extension and right elbow range of motion is 130-0 degrees. The treating physician requested Tylenol #3 qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: The patient is a 47 year old female who sustained an injury in December of 2006. She has subsequently been diagnosed with right shoulder and right elbow strain and lateral epicondylitis. She has been treated with the opioid Nucynta, Tylenol, and IF stimulation. The request is for Tylenol #3. The reasoning for the addition or use of this medication was not clearly found in the records. The MTUS guidelines state that for ongoing use of opioids there must be not only pain relief, but functional gains seen. There is poor documentation of functional improvement seen in this case. There is also inadequate documentation of the 4 A's: pain relief, side effects, physical and psychosocial functioning. As such, the request is not medically necessary.