

Case Number:	CM15-0040049		
Date Assigned:	03/10/2015	Date of Injury:	03/18/2014
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
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: 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 46-year-old female sustained a work related injury on 03/18/2014. According to a progress report dated 11/25/2014, neck and shoulder symptoms were unchanged. Diagnoses were partially legible and included cervical spine sprain/strain with spondylosis, bilateral shoulder sprain/strain with impression of acromioclavicular degenerative joint disease and hypertension, gastrointestinal upset/stress. Pain was rated 4-5 on a scale of 1-10 with medications and 6-8 without medications. Norco was discontinued and a prescription was written for Tylenol #3, one by mouth every 12 hours as needed for pain #60. According to a progress note dated 02/18/2015, pain was not rated. Medications included Tylenol #3 and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 03/18/14 and neck and shoulder pain. The Request for Authorization is not provided is dated 02/18/15. The current request is for Tylenol #3 60.00 For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. This patient has been utilizing Tylenol #3 since at least 11/25/14. Progress reports continually document a decrease in pain utilizing a pain scale. On average, pain with medication is 4-5/10 and without medication, pain is 7/10. The patient is able to participate activities of daily living and has noted improvement with HEP with medications. The patient is currently working with restrictions. UDS from 11/15/14 is consistent with the medications prescribed and there is no report of any adverse side effects with medications. In this case, the treating physician has provided adequate documentation addressing all the 4A's, as required by MTUS for opiate management. This request IS medically necessary.