

<b>Case Number:</b>	CM15-0056521		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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:

The injured worker is a 41 year old male, who sustained an industrial injury on 8/9/2010. He reported pain while lifting melons. The injured worker was diagnosed as status post left shoulder arthroscopy, rotator cuff repair, biceps tenodesis and subacromial decompression and post-operative adhesive capsulitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/5/2015, the injured worker complains of intermittent left shoulder pain that radiated to the neck. The treating physician is requesting Tylenol #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, quantity #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 02/05/2015 report, the patient presents complains of intermittent left shoulder pain radiating to the left side of the neck. His pain is aggravated by reaching above and behind, lifting, carrying, pushing and pulling. The pain is rated at a 5 to 6 on the scale of 1 to 10. The current request is for Tylenol #3, quantity #90. This medication was first mentioned in the 11/06/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 02/20/2015. The patient's work status is currently working with restrictions of no lifting greater than 25 pounds and no overhead work with the left upper extremity." For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. Based on the 02/05/2015 report, the treating physician indicates that the patient is able to do self-care, personal hygiene, communicate, physical activities, sensory function, non specialized hand activities, and travel without difficulty. In this case, the provided reports show documentation of pain assessment using a numerical scale describing the patient's pain but not before and after analgesia is provided. ADL's are discussed as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. UDS was obtained but the results were not discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.