

<b>Case Number:</b>	CM14-0144978		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48 year old female who was injured on 03/08/2010. The mechanism of injury is unknown. Prior medication history included Cymbalta, Tylenol #3, Gabapentin, and Ambien. The patient's medications as of 02/18/2014 included Tylenol #3, Cymbalta, Gabapentin, and Ambien with a pain rating of 8/10 without medications and 5-6/10 with medications. Progress report dated 08/25/2014 indicates the patient presented follow-up regarding her right shoulder and bilateral hand pain. She rated her pain as a 9/10 in intensity without medication and a 7/10 medications. On exam, strength is 5/5 in left upper extremity and sensation intact but diminished in the right dorsum. She is diagnosed with shoulder sprain, wrist sprain, carpal tunnel syndrome, upper limb reflex sympathy, chronic pain syndrome, and limb pain. She was recommended to continue Tylenol #3. Prior utilization review dated 08/25/2014 states the request for Tylenol #3 #150 is denied as medical necessity has not been established; however, due to the nature of the drug, weaning is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-95.

**Decision rationale:** Above MTUS guidelines regarding ongoing-management of opioids states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors)." In this case, the review is for Tylenol # 3 on or prior to date on 8/25/14. There is no consistent ongoing documentation of the 4 A's as described above on notes on or prior to 8/25/14; there is only part of the 4 A's in some notes and other parts in other dated notes. Notes on or prior to 8/25/14 include progress note from 8/25/14 which states "... pain as an 9/10 in intensity without pain medications and as a 7/10 in intensity with pain medications" and there is no documentation of improvement in function with Tylenol #3 use, and no assessment of adverse effects or aberrant behaviors. Progress note on 7/14/14 again addresses the analgesic effect and also includes the statement "She tolerates the medications well without side effects" but again does not address the functional improvement or aberrant behavior potential. Similarly, pain management note on 7/31/14 reports analgesic effect and "The patient states they are taking their medications as prescribed" as well as "UDT appropriate" but the UDT is not dated, and there is no mention of functional improvement or side effects. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.