

Case Number:	CM14-0166901		
Date Assigned:	10/14/2014	Date of Injury:	06/13/2014
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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 Emergency Medicine, and is licensed to practice in California. 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:

Patient with reported date of injury on 6/13/2014. Mechanism of injury is described as a 5foot fall from a box trunk. Patient has reported diagnosis of acute cervical strain, acute lumbar strain, R shoulder rotator cuff syndrome, R knee strain and R ankle strain. Medical reports reviewed. Last report available until 8/8/14. Patient has reportedly changed treating physician with original treating physician seeing patient since original date of injury until 7/7/14. New physician has seen the patient once on 8/8/14 and is the requesting provider. Report on 8/8/14 reports patient complains of neck pain. Pain radiates to shoulders to back and behind head. Reportedly numbness to hands and associated with headaches. Patient also has R shoulder pains worsening with movement associated with numbness and burning sensation. Patient also has mid and low back pains, R ankle and R knee pain. Pain is 6-8/10. Objective exam reveals moderately decreased range of motion(ROM) of cervical spine with tenderness to paravertebral, right levator scapulae and trapezius. Positive Cervical compression, Spurling on right side. Decreased sensation in C6-7 on right side. Lumbar spine with decreased ROM, tenderness positive straight leg raise on right side, Kemp's positive bilaterally decreased L5-S1 sensation on right side. right Shoulder exam reveals mild decreased ROM with tenderness to trapezius, Positive impingement, Neer's and Hawkins. Strength reported 4/5. Right knee exam with reportedly mild decreased ROM, medial joint line tenderness. McMurray's positive. Strength reportedly 4/5 strength on flexion-extension. Note from prior primary treating physician on 7/7/14 states that patient had been on Nabumetone, Orphenadrine and Ultracet. Patient had attended 4 of 6 PT sessions and 2 chiropractic sessions. At that time patient had complaints of similar pains and complaints. While the objective exam revealed tenderness and limited ROM, it was negative for any neurological dysfunction or neurological testing such as straight leg or impingement testing. There was reported improvement in pain with the medications prescribed at that time. There is no imaging

or electrodiagnostic reports provide for review. Only current medication is reportedly Tramadol. Independent Medical Review is for Tylenol #3 #120. Prior UR on 10/1/14 recommended non-certification. It also denied MRI of lumbar spine, R shoulder, R knee, 12 sessions of physical therapy, Kera-Tek gel and Tylenol #3. Physical therapy was modified to 6sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 9 Shoulder Complaints Page(s): 207-208, 303, 341-343, Chronic Pain Treatment Guidelines Page(s): 111-113, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tylenol #3 is acetaminophen and codeine, an opioid. From the records, patient is chronically on Tramadol, an opioid-like medication, for several months. The provider has decided to change(or add to) the prior prescription of Tramadol to Tylenol #3 for unknown reason. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. There is a request for Urine Drug Screen noted. Patient was previously on Nabumetone, an NSAID a month prior that was reportedly "helping" pain. Exam between 2 different treating providers is significantly divergent with markedly different positive findings between new physician and prior. Documentation does not support continued use of opioids. Tylenol #3 is not medically necessary.