MAXIMUS Federal Services

Case Number:	CM14-0182583		
Date Assigned:	11/07/2014	Date of Injury:	12/27/2013
Decision Date:	12/16/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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:

Injured worker (IW) sustained an industrial injury on 12/27/13. 07/21/14 notes stated upper extremity electrodiagnostic studies were normal. On 09/24/14, claimant received an initial acupuncture consultation. On 09/25/14, claimant underwent cardiac clearance for pending physical rehabilitation program. Current medications included acetaminophen and omeprazole. History of hypertension was noted but blood pressure measurement was normal. 09/26/14 office note documented complaints of 6/10 pain of the cervical spine, 7/10 pain of the left shoulder, mild pain of the right shoulder, 6-7/10 right wrist pain, and 5/10 left wrist pain. Bilateral wrist neoprene sleeves were requested. History of gastric bypass surgery in 2013 was noted, with history of gastritis with non-steroidal anti-inflammatory drugs (NSAIDs). Work restrictions were ordered. Physical therapy note dated 10/16/14 documented complaints of pain in the cervical spine, bilateral shoulders, and bilateral wrists. Tenderness was noted over the upper trapezius area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tylenol 500mg 1 tabelt PO BID PRN #60 with 1 refill:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP),Postsurgical Treatment Guidelines Page(s): 11-12.

Decision rationale: MTUS recommends acetaminophen for treatment of chronic pain and acute exacerbations of chronic pain. Given claimant's history of gastric bypass surgery and gastritis with NSAIDs, acetaminophen appears to be preferable to NSAID therapy, per guidelines. In this case, due to better gastrointestinal (GI) tolerability, medical necessity is established for the requested Tylenol.