

Case Number:	CM14-0182822		
Date Assigned:	11/07/2014	Date of Injury:	02/08/2013
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 55-year-old male with a slip and fall injury on February 8, 2013 sustaining a distal right wrist fracture. He underwent open reduction and internal fixation of the right wrist shortly thereafter. He had 24 sessions of therapy postoperatively. He continues to have severe pain in the right wrist, right shoulder, and left wrist. He had been taking ibuprofen in nonprescription form with modest pain reductions. He has continued working in the same occupation with modifications. An MRI scan of the right wrist revealed a 5.7 mm x 4 mm x 5 mm assist of the navicular bone possibly consistent with gouty arthritis. A request for lab analysis to exclude gout was submitted. However, the agreed medical examiner felt that gout was an unlikely diagnosis. The physical exam has revealed swelling and tenderness of the dorsal right wrist with a negative Tinel's sign, Phalen's sign, and Finkelstein test. There is slight limitation in flexion for the right wrist. The right shoulder reveals mild decreases in range of motion with a mildly positive impingement test. The diagnoses include persistent wrist pain, history of open reduction internal fixation of the right wrist, right shoulder rotator cuff sprain, and cervical sprain. On September 29, 2014, Tylenol # 3 was added to the medication regimen appears for the 1st time. Injured worker is being considered for steroid injections to the right wrist and possibly a total joint arthroplasty in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No.3 with Codeine #60: Overturned

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 Opioids Page(s): 74-96.

Decision rationale: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time.(b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required.(c) Only change 1 drug at a time.(d) Prophylactic treatment of constipation should be initiatedIn this instance, the injured worker has clearly failed conservative and non-opioid measures for pain relief. Anti-inflammatories provided modest relief and topical analgesics were previously denied. The request is to begin a short-acting opioid in small quantities in doses. Tylenol No.3 with Codeine #60 is therefore medically necessary.