

Case Number:	CM14-0215904		
Date Assigned:	01/05/2015	Date of Injury:	12/22/2008
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 12, 2008. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve a request for Tylenol No. 3 and eight sessions of physical therapy. The applicants' attorney subsequently appealed. In the IMR application dated December 23, 2014, however, the applicants' attorney wrote Tylenol as opposed to Tylenol No. 3 which the claims administrator alluded to in its Utilization Review Report. The claims administrator referenced an RFA form of December 8, 2014 and a progress note of December 3, 2014 in its determination. The claims administrator contended that the applicant had 9/10 pain evident on December 3, 2014 and was not profiting with earlier treatment. The claims administrator suggested that the applicant was already permanent and stationary. The applicants' attorney subsequently appealed. In an April 3, 2014 progress note, the applicant reported persistent complaints of neck, hand, and wrist pain. The applicant reported paresthasias about the digits status post earlier carpal tunnel and cubital tunnel release surgery. The applicant was given prescriptions for Voltaren and tramadol. The applicants' work status was not clearly outlined. In a March 12, 2014 progress note, it was suggested that the applicant was permanent and stationary. Multiple complaints of low back, neck, shoulder, hand, and wrist pain were evident on this date. On March 10, 2014, the applicant was given prescriptions for Voltaren, tramadol, Methoderm, and Protonix. Once again, the applicants' work status was not clearly outlined, although it did not appear that the applicant was working as of this point in time. The remainder

of the file was surveyed on several occasions. The December 3, 2014 progress note which the claims administrator predicated its decision upon was not seemingly incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 30/300mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, historical progress notes of early to mid-2014 suggested that the applicant was not working as of that point in time. Permanent work restrictions were imposed, seemingly resulting in the applicants' removal from the work place. The provided progress notes, including those of March and April 2014, did not contain any mention of or references to use the Tylenol No. 3. There was no mention of any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid usage. While it is acknowledge that the December 3, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet, the information which was/is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Physical therapy for the left; multiple neck injury, left shoulder, right and left wrist; 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration approach to Chronic Pain Management Page(s): 99, 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnoses reported present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on a variety of analgesic medications, including Voltaren, tramadol, and Tylenol No. 3. All of the foregoing, taken

together, suggests a lack of functional improvement as defined in MTUS 9792.20f, although it is acknowledged that the December 3, 2014 progress note on which the article in question was sought was seemingly not incorporated in the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.