MAXIMUS Federal Services

Case Number:	CM15-0002299		
Date Assigned:	01/13/2015	Date of Injury:	09/11/2012
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old female who sustained a work related injury as a seamstress to her right shoulder on September 11, 2012. The injured worker underwent a right shoulder arthroscopy with extensive debridement, resection long head of the biceps tendon and subacromial decompression on January 31, 2014. The injured worker is diagnosed with impingement syndrome. The patient continues to experience persistent pain to the right shoulder with limited range of motion and numbness in the right hand. The injured worker was offered manipulation under anesthesia and a steroid injection but declined both. An Electromyography (EMG) of the right upper extremity was within normal limits according to the Qualified Medical Examination on November 13, 2014. Treatment modalities and current medications consist of Tylenol with Codeine, Flexeril, Celebrex, Colace, Prilosec, physical therapy and a home exercise program. Psychological testing on November 22, 2014 noted a high level of diffuse somatic concerns and focus with indications of symptom over-statement. Acupuncture therapy was noted not to be beneficial.The treating physician requested authorization for Retrospective request for Tylenol #3, 1-2 by mouth every 6 hours, #50 (DOS: 11/17/14).On December 9, 2014 the Utilization Review denied certification for Retrospective request for Tylenol #3, 1-2 by mouth every 6 hours, #50 (DOS: 11/17/14).Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tylenol #3, 1-2 by mouth every 6 hours, #50 (DOS: 11/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol #3 (Acetaminophen/Codine; Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43,74-96,124. Decision based on Non-MTUS Citation Pain Chapter Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can lead to tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic actions be utilized in patients with co-existing psychosomatic symptoms. The records show that the patient had significant discrepancy between subjection and objective findings. There was no functional restoration following PT, acupuncture and medications treatments. The criteria for the use of Tylenol #3 1-2 every 6 hours #50 DOS 11/17/2014 was not met.