

Case Number:	CM15-0108860		
Date Assigned:	06/15/2015	Date of Injury:	05/09/2011
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 55-year-old female, who sustained an industrial/work injury on 5/9/11. She reported initial complaints of neck, shoulder, right wrist pain. The injured worker was diagnosed as having shoulder impingement syndrome, depressive disorder, and carpal tunnel syndrome. Treatment to date has included medication, consultation with neurology and pain management, physical therapy, and acupuncture. MRI results were reported to demonstrate straightening of the normal cervical lordosis and a disc herniation, a disc osteophyte complex measuring 2.0 mm at C5-6 and C6-7. Currently, the injured worker complains of pain in the upper extremities, neck and shoulder pain as well as right wrist carpal tunnel. Per the primary physician's progress report (PR-2) on 5/12/15, there was pain on range of motion of cervical and shoulder areas. Current plan of care included follow up physician visit for carpal tunnel and pain management. The requested treatments include Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 4 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustained a work-related injury in May 2011 and continues to be treated for neck, shoulder, and right wrist pain. When seen, there was pain with range of motion. She was being referred for treatment of carpal tunnel syndrome. Medications included Tylenol #3. Prior treatments have included physical therapy and multiple cervical epidural steroid injections. Tylenol #4 (acetaminophen / codeine) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, continued prescribing was not medically necessary.