

Case Number:	CM15-0011715		
Date Assigned:	01/29/2015	Date of Injury:	07/18/2012
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 57 year old female, who sustained an industrial injury on July 18, 2012. The diagnoses have included fibromyalgia, thoracic outlet syndrome left wrist synovitis and chondromalacia. Treatment to date has included magnetic resonance imaging (MRI) shoulder surgery, knee and wrist surgery and oral medications. Currently, the IW complains of neck, shoulder, and arm and hand pain. Treatment includes cortisone injection, oral medication and plan for left stellate ganglion blocks. On January 15, 2015 utilization review non-certified a request for Tylenol #3 PL every 12 hours #3, noting insufficient compliance monitoring. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 PL Q12H #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule, 2009, Chronic pain, Opioids, criteria for use.

Decision rationale: According to California Medical Treatment Utilization Guidelines, use of opioids must be monitored for the impact on analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. These criteria were not noted in this case. Thus, the request is not supported by the evidence based guidelines. The request for Tylenol #3 PL Q12H #3 is non-certified.