

Case Number:	CM15-0110292		
Date Assigned:	06/16/2015	Date of Injury:	08/16/2011
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 injury on April 1, 2014. She reported low back pain, bilateral hand swelling, pain, and bilateral wrist pain. The injured worker was diagnosed as having sprain and strain of the lumbar spine, cervical spine bulge, thoracic spine bulge, right elbow strain, left elbow surgical intervention, right wrist internal derangement, rheumatoid arthritis and arthropathy of the hand. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued upper, mid and low back pain, bilateral hand and wrist pain with swelling in the fingers, bilateral elbow pain, left knee pain and right ankle and foot pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 18, 2014, revealed continued pain as noted. She was to return to modified work on May 3, 2014. Magnetic resonance imaging on November 29, 2014, revealed post fusion changes and osteoarthritic changes. Evaluation on March 13, 2015, revealed continued pain as noted. She also reported depression and anxiety secondary to continued pain. Pain medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Tylenol # 3 contains is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids (Hydromorphone) for the prior year without routine documentation of pain scores. The continued use of Tylenol # 3 is not medically necessary.