

Case Number:	CM15-0116579		
Date Assigned:	06/25/2015	Date of Injury:	07/08/2013
Decision Date:	08/05/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 51 year old female who sustained an industrial injury on 07/08/2013. She has reported subsequent bilateral elbow pain and was diagnosed with right elbow sprain/strain, right lateral epicondylitis, left lateral and medial epicondylitis, calcific bursitis of the right shoulder, and lumbar degenerative disc disease. MRI of the left elbow on 08/14/2014 showed lateral epicondylitis, radial collateral ligament partial tear, distal bicipital tendinitis and ulnar neuritis. MRI of the right elbow on 08/14/2014 showed lateral and medial epicondylitis and small subcortical cyst of the lateral trochlear ridge. Treatment to date has included medication, injection, and physical therapy. Documentation shows that the injured worker was prescribed Tylenol #3 for pain since at least 01/29/2015. There was no indication as to how effective this medication was at reducing pain or improving function. During the most recent physician office visits on 03/13/2015 and 04/24/2015, objective findings were notable for tenderness over the medial and lateral epicondyles of the left elbow and range of motion of 0 degrees of extension and 140 degrees of flexion. The 03/13/2015 progress note indicated that the injured worker reported pain in the left elbow with most activities but the degree and nature of the pain was not documented. Work status was noted as off work. It was noted that the injured worker last worked in 2014. A request for authorization of Tylenol #3, unknown quantity was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, unknown quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain 3) intensity of pain after taking the opioid 4) how long it takes for pain relief 5) how long pain relief lasts 6) improvement in pain 7) improvement in function. The medical documentation submitted does not detail the severity and nature of the injured worker's pain, the effectiveness of Tylenol #3 at relieving pain or improving function, any discussion of side effects or evidence of monitoring for potential drug misuse or dependence. It is unclear as to how long the injured worker was prescribed this medication but the documentation suggests that it has been prescribed for at least three months. There is also no documentation of objective functional improvement or significant pain reduction with use of this medication. Work status remains off work, and there was no documentation of specific improvement in activities of daily living as a result of use of Tylenol #3. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore, the request for authorization of Tylenol #3, unknown quantity is not medically necessary.