

<b>Case Number:</b>	CM15-0123808		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male, who sustained an industrial injury on 8/30/13. The injured worker has complaints of continued pain affecting his neck and left shoulder with some impaired motion and strength. The documentation noted that there is tenderness in the paracervical region that radiates into the left trapezius, but with a negative spurling sign. The documentation noted that modest muscle guarding is present about the paracervical musculature on the left side, extending into the trapezius. The diagnoses have included cervical radiculopathy and left shoulder impingement syndrome. Treatment to date has included home exercise program; injections; celebrex; tylenol #3; magnetic resonance imaging (MRI) of the left shoulder on 9/25/12 was essentially normal and X-rays on 6/8/15 showed a type 11 acromion, the acromioclavicular (AC) joint noted a slight narrowing but overall intact and the axillary lateral is normal without evidence of an acromiale. The request was for retrospective tylenol No. 3 #120 (date of service 04/30/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tylenol No. 3 #120 (DOS 04/30/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 90, 95.

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

**Decision rationale:** Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and musculoskeletal pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. Long-term treatment of codeine is also not warranted without demonstrated functional improvement. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Retrospective Tylenol No. 3 #120 (DOS 04/30/2015) is not medically necessary and appropriate.