

Case Number:	CM15-0125193		
Date Assigned:	07/01/2015	Date of Injury:	10/13/2014
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
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 46 year old female, who sustained an industrial injury on 10/13/2014. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having neck sprain, lumbar sprain and sprain/strain of the left wrist. Left wrist magnetic resonance imaging was negative and a cervical spine magnetic resonance imaging was positive per the progress note dated 5/12/2015. Treatment to date has included acupuncture, physical therapy and medication management. In a progress note dated 5/12/2015, the injured worker complains of neck and upper back pain rated 7-8/10 with radiation to the bilateral upper extremities, wrist pain 6-7/10 and low back pain rated 5-6/10. Physical examination showed cervical spine tenderness. The treating physician is requesting Tylenol #3 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 (dosage unspecified), Quantity: 60, Refill: unspecified as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 35.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3 (dose unspecified), #60, refills unspecified is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are strain of neck any: sprain lumbar region; and sprain strain left wrist. The date of injury is October 13, 2014. The earliest progress note in the medical record containing a Tylenol #3 prescription is dated December 17, 2014. A urine drug screen dated January 26, 2015 was negative for all medications (including Tylenol #3). Urine drug screen dated May 12, 2015 was negative for all medications including Tylenol #3. A March 25, 2015 progress note indicates the injured worker has subjective complaints of neck, wrist and low back pain. According to a May 12, 2015 handwritten progress note, subjectively the injured worker has complaints of neck pain that radiates to the upper extremities 7/10; wrist pain and low back pain. Objectively, there is tenderness to palpation over the cervical spine. There are no other physical findings noted. There is no neurologic evaluation. There is no documentation indicating objective functional improvement. There is no documentation addressing the 2 inconsistent urine drug toxicology screens that were negative for Tylenol #3. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no attempt at weaning Tylenol #3. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Tylenol #3, detailed pain assessments, risk assessments, attempted weaning and instructions for use, Tylenol #3 (dose unspecified), #60, refills unspecified is not medically necessary.