

Case Number:	CM15-0173832		
Date Assigned:	09/15/2015	Date of Injury:	04/21/2001
Decision Date:	10/22/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/03/2015

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:

This is a 64 year old female with a date of injury on 4-21-2001. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder bursitis, history of cervical sprain-strain with severe spondylosis, and right shoulder girdle sprain-strain with chronic tendinopathy. Medical records (5-28-2015 to 7-23-2015) indicate ongoing neck and shoulder pain. The injured worker reported losing her footing and falling on her left shoulder prior to the 7-23-2015 visit. She reported a severe cramp in her left shoulder and neck. She also complained of right shoulder pain. She rated her pain as eight out of ten. She rated her best pain as four out of ten with medications and ten out of ten without medications. Per the treating physician (7-23-2015), the employee was not working. The physical exam (5-28-2015 to 7-23-2015) revealed limited range of motion of the left shoulder. There was positive impingement sign of the shoulder with crepitus on circumduction passively. Cervical compression caused neck pain. Neck range was limited in all planes. Exam of the right shoulder revealed mildly limited range of motion with mild crepitus and positive impingement sign. Treatment has included shoulder surgery and medications. The injured worker has been prescribed Tylenol No. 3 since at least 2-5-2015. The treating physician (7-23-2015) indicates that the urine drug testing has been appropriate. The request for authorization dated 7-27-2015 was for Baclofen, Pamelor, Mobic and Tylenol No.3. The original Utilization Review (UR) (8-10-2015) modified a request for Tylenol No. 3 with codeine #120 to #60. Utilization Review approved requests for Pamelor and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 w/ Codeine #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Tylenol NO. 3 W/ Codeine #120. The RFA is dated 07/27/15. Treatment has included shoulder surgery, physical therapy and medications. The patient is not working. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/23/15, the patient presents with ongoing neck and shoulder pain. The physical examination revealed limited range of motion of the left shoulder. There was positive impingement sign with crepitus. Cervical compression caused neck pain and ROM was limited in all planes. She rated her pain as eight out of ten. She rated her best pain as four out of ten with medications and ten out of ten without medications. The patient has been prescribed Tylenol #3 since at least 02/05/15. Progress reports note 50% reduction in pain and functional improvement with activities of daily living with medications. A pain contract is on file with appropriate UDS. The same generic statement is provided in reports 01/08/15 through 07/23/15. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Not all the 4A's have been addressed, as required by MTUS. Therefore, this request is not medically necessary.