

Case Number:	CM15-0174060		
Date Assigned:	09/15/2015	Date of Injury:	02/11/2013
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old female who sustained an injury on 2-11-13 resulting from cumulative trauma injury to her neck and left upper extremity. Diagnoses have included left lateral epicondylitis; left shoulder impingement syndrome; left shoulder biceps tendon tear; left shoulder rotator cuff tear and left shoulder labral flap tear. Treatments included medications, physical therapy, left rotator cuff repair, injections, heat, cold, home exercise, chiropractic and imaging studies. The progress report on 6-4-15 indicates she has persistent left shoulder pain with aching and impaired movement and strength. The physical examination reveals a mild residual attenuation in both active and passive range of motion of the shoulder; moderate tenderness and hypertonia is present over the left trapezius and rhomboids and modest tenderness over the left lateral epicondyle and common extensor origin. Medications listed are Voltaren, Protonix and Tylenol 3. Work status was modified capacity with no overhead lifting and reaching with the left arm. The examination on 7-28-15 indicates persistent tenderness over the lateral aspect of the left shoulder with some crepitation. The plan included medication dispensed Tylenol 3, 300-30 mg one three times a day #60; continue use of nonsteroidal anti-inflammatory medication as needed. Utilization review 9-2-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tylenol 3,300/30 mg# 60, DOS: 7/28/2015: 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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Tylenol #3 nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. This request is not medically necessary.