

Case Number:	CM15-0175834		
Date Assigned:	09/17/2015	Date of Injury:	12/13/2007
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 13, 2007. In a Utilization Review report dated August 28, 2015, the claims administrator approved a request for Naprosyn while denying a request for hand surgery consultation and Tylenol No. 3. Non-MTUS Chapter 7 ACOEM Guidelines were invoked to deny the hand surgery consultation. The claims administrator contended that the applicant should complete the previously authorized pain management consultation before pursuing the hand surgery consultation in question. An August 4, 2015 progress note was cited in the determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported multifocal complaints of low back, shoulder, bilateral hand, and bilateral knee pain, at times as high as 8 to 9/10. The applicant was using Tylenol No. 3, Naprosyn, Prilosec, it was reported. The applicant was working in the same occupation it was suggested in one section of the note. The applicant's presentation was suggestive of complex regional pain syndrome (CRPS), the treating provider reported. The attending provider stated that the applicant's medications were needed to control her symptoms. On May 26, 2015, the applicant reported that Tylenol No. 3 reduced the pain complaints from 7/10 without medications to 3/10 with medications. The attending provider again stated that the applicant was working on this date. The applicant was asked to consult a hand surgeon to evaluate the applicant's issues with decreased grip strength and allodynia about the hand. A pain management consultation was sought to consider sympathetic ganglion blocks. Naprosyn, Tylenol No. 3, and Prilosec were endorsed while the applicant was returned to work

with restrictions in place. On August 11, 2015, the attending provider suggested the applicant follow up a hand surgeon to evaluate issues with right upper extremity complex regional pain syndrome. The attending provider again stated that the applicant was working and reiterated Tylenol No. 3 diminishing the applicant's pain complaints from 9/10 without medications to 5 to 6/10 with medications. The attending provider reiterated the applicant's medications were facilitating her ability to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand surgeon consult regarding the right upper extremity complex regional pain syndrome: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOE Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Yes, the request for a hand surgery consultation to evaluate right upper extremity complex regional pain syndrome was medically necessary, medically appropriate, or indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines to determine the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had ongoing issues with right upper extremity complex regional pain syndrome. Said issues seemingly persisted, despite time, medications, physical therapy, work restrictions, etc., to obtain the added expertise of a practitioner in another specialty, namely a hand surgeon, was, thus, indicated on several levels including for treatment formulation and/or diagnostic confirmation purposes. Therefore, the request was medically necessary.

Tylenol #3 (codeine 30/acetaminophen 300) (1) tab PO Q8H PRN #90: Overturned

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: Similarly, the request for Tylenol No. 3, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, the applicant was working, as noted on progress notes of August 11, 2015, June 29, 2015, and May 26, 2015. The applicant's use of

Tylenol No. 3 diminished her from pain scores from 7/10 without medications to 3/10 with medications; it was reported on May 26, 2015. On August 11, 2015, the applicant reported that her pain scores had reduced from 9/10 without medications to 5-6/10 with Tylenol No. 3. The attending provider reiterated on several occasions that Tylenol No. 3 and Naprosyn were facilitating the applicant's ability to maintain successful return to work status. Continue the same, on balance, was indicated. Therefore, the request was medically necessary.