

Case Number:	CM15-0177656		
Date Assigned:	09/18/2015	Date of Injury:	06/14/2007
Decision Date:	10/21/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on June 14, 2007 and reported neck, right shoulder, right elbow and right wrist and throughout the right upper extremity pain. The injured worker is diagnosed as having cervicalgia, chronic pain syndrome, RSD upper extremities (CRPS of right upper extremity). Currently, the injured worker complains of right upper back and shoulder pain. His pain is rated at 7-9/10 and is described as sharp and constant, per notes dated March 18, 2015-July, 8, 2015. He also reports neck pain (right greater than left) that is associated with movement, and headaches, which has increased since the cervical injections. He reports vision loss and a feeling of pins and needles in his right palm. He reports medication and heat and ice therapy relieve his pain. The medication relieves approximately 50% of pain, which results in improved ability to engage in activities of daily living, home exercise program (to include range of motion) and improved function (increased ability to walk, attend medical appointments, care for his dogs and engage in self-care). He also reports the pain interferes with sleep. Physical examinations dated July 8, 2015 and August 6, 2015 revealed right upper extremity "allodynia" to deep palpation and hand swelling with increased sweating in the palm. He is unable to fully extend his fingers, but is able to flex them to the palmar crease. His grip is 5 on 5 bilaterally. He has right shoulder pain with range of motion in "all axis, TTP joint line, paraspinal, trapezius and subscapular spasm noted provoking familiar pain". He has "pain with extension and right greater than left axial rotation, foraminal closure negative bilaterally, high and low lateral masses, TTP (right greater than left)." Treatment to date has included toxicology screen, home exercise program, medication

(Naproxen, Omeprazole, Gabapentin helps with nerve pain by 40%, per note dated August 6, 2015), Ultracet (injured worker discontinued the medication as he was receiving Tylenol #3 from his primary care physician for headaches), pain management (per notes dated March 18, 2015- July 8, 2015, there has been a 40-60% improvement since engaging in pain management) and cervical injection (increased headaches). A request to trial Tylenol #3- #60 is denied due to a "history of non-adherence, side effects and lack of documentation of quantified functional improvements from other opioid use," per Utilization Review letter dated August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

trial Tylenol no. 3 #60: 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, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines have very specific criteria to justify the long term use of opioid medications for chronic non-cancer pain. These criteria include detailed documentation of use patterns, amount of pain relief, length of pain relief and functional support. This individual is documented to have been obtaining opioid prescriptions from both the personal physician and pain physician even though he had signed an opioid contract. Documentation notes that he has been receiving the opioid prescription from his personal physician for some time, but there is no documentation of the quantity, how it was utilized or how much pain relief was experienced. Under these circumstances, the prescription for the Tylenol #3 QTY 60 is not supported by Guidelines and is not medically necessary.