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| Case Number: | CM15-0177935 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 06/20/2011 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/28/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 37 year old female who sustained an industrial injury on 6-20-2011. A review of medical records indicates the injured worker is being treated for status post two level anterior cervical decompression and fusion at C4 through C6 on 10-24-2013 with residuals, C5-C6 psuedoarthrosis, noncompliance with brace, degenerative disc disease at T5-T6 and T6-T7, status post posterior interlaminar laminectomy at C5-C6 bilaterally, status post right wrist arthroscopy, status post anterior cervical decompression and fusion x 2, and possible psuedoarthrosis at C5-C6. Medical records dated 8-11-2015 noted neck pain a 7 out of 10, bilateral shoulder pain a 7 out of 10, bilateral wrist pain on the right an 8 out of 10, on the left a 6 out of 10, and low back pain a 7 out 10. Medical records dated 5-12-2015 noted neck pain an 8 out 10, low back pain an 8 out 10, bilateral shoulder pain an 8 out 10, bilateral wrist and hand pain a 6 out of 10. Physical examination noted 8-11-2015 noted tenderness to palpation over the cervical spine, anterior neck, and posterior scapular region into the post occipital area. There was painful reduced range of motion of the upper extremities. There was spasm to the mid thoracic spine as well. There was painful chin to chest flexion was reduced as well as rotation at 20 degrees, left and right. Treatment has included physical therapy, surgery, and medications (Tylenol #3 since at least 8-11-2015). Utilization review form dated 8-28-2015 noncertified Tylenol #3 300-30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol no. 3 300/30mg #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: The claimant sustained a work injury in June 2011 and underwent a two level anterior cervical decompression and fusion in October 2013 with pseudoarthrosis and then had revision surgery in August 2014. When seen, she was having constant pain symptoms. She was performing a home exercise program. Physical examination findings included cervical spine, anterior neck, and posterior scapular tenderness. There was decreased and painful upper extremity range of motion with decreased upper extremity strength. There were mid thoracic spine spasms. Medications included Tylenol #3, which was refilled. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or any examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.