

Case Number:	CM15-0075463		
Date Assigned:	04/27/2015	Date of Injury:	12/30/2014
Decision Date:	05/22/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 26 year old female who sustained an industrial injury on 12/30/2014. Her diagnoses, and/or impressions, included: bilateral shoulder tendonitis; bilateral shoulders with mild tendonopathy and acromioclavicular joint osteoarthritis; and bilateral shoulder impingement with possible left labral tear. Recent magnetic resonance imaging studies of the bilateral shoulders are noted to have been done on 2/3/2015. Her treatments have included physical therapy - ineffective; home exercise program; ice therapy; temporary modified work duties; and medication management. Progress notes of 3/18/2015 reported bilateral shoulder pain. The physician's requests for treatments were noted to include Tylenol #3 as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 300/30mg, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 82-92.

Decision rationale: Tylenol # 3 contains a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been NSAIDs previously within minimal improvement in pain. There was no indication of Tylenol failure prior to initiating Tylenol #3. In addition, pain response cannot be determined in the future and a 5-month advance refill request without knowledge of pain and function information as well as opioid agreement makes Tylenol #3 not medically necessary.