

Case Number:	CM15-0077635		
Date Assigned:	04/29/2015	Date of Injury:	07/27/2014
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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: Georgia

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:

This 42 year old female sustained an industrial injury to bilateral shoulders on 7/27/14. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a PR-2 dated 3/12/15, the injured worker was feeling worse due to nighttime symptoms preventing restful sleep. Physical exam was remarkable for bilateral shoulders with tenderness to palpation, limited right shoulder range of motion, full and painful left shoulder range of motion and bilateral upper extremity strength 4/5 with intact sensation throughout. Current diagnoses included bilateral shoulder joint pain and numbness of skin. The treatment plan included refilling medications (Mobic and Flexeril), adding Tylenol #3 and awaiting test results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 300 mg/30 mg, 1 tablet every 6 hrs as needed for pain, Qty 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Acetaminophen 300mg/30mg 1 tablet every 6 hours as needed for pain, #40 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with opioid medication and there was a lack of improved function; therefore the requested medication is not medically necessary.