

<b>Case Number:</b>	CM15-0079926		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/15/2003
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on 6/15/2003. Diagnoses have included chronic pain syndrome and carpal tunnel syndrome. Treatment to date has included acupuncture, physical therapy, and medication. According to the progress report dated 3/6/2015, the injured worker complained of pain rated 3/10 with medication and 5/10 when receiving acupuncture. She rated the pain as 6/10 with medication and 9/10 without medication when without acupuncture. The injured worker complained of headaches, weakness in both hands/arms, numbness and tingling radiating down the left arm and burning of the right trapezius. Physical exam revealed tenderness to palpation of the anterior, posterior and lateral acromioclavicular joint and deltoid insertion. Authorization was requested for Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 650mg, #60 (per 03/17/2015), 11 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient was injured on 06/15/03 and presents with pain in the right upper extremity. The request is for TYLENOL 650 MG #60 (PER03/17/15), 11 REFILLS. The RFA is dated 03/17/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 01/17/14. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with chronic pain syndrome and carpal tunnel syndrome. On 12/26/14, she rated her pain as a 6-7/10 with medications and a 10/10 without medications. On 03/06/15, she rated her pain as a 3/10 with medications and a 5/10 without medications. MTUS supports the use of Tylenol as first line treatment for all pain. The request IS medically necessary.