

Case Number:	CM15-0098717		
Date Assigned:	06/01/2015	Date of Injury:	02/10/2013
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, New York, 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 applicant is a represented 65 year old who has filed a claim for chronic neck, shoulder, and knee pain reportedly associated with an industrial injury of February 10, 2013. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for Tylenol No. 3. The claims administrator referenced a RFA form dated May 5, 2015 in its determination. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant reported multifocal complaints of neck, shoulder, wrist, and knee pain, 8/10. It was suggested that the applicant was working at this point, albeit with restrictions in place. The applicant's complete medication list was not discussed. Physical therapy and urine drug testing were endorsed. On December 17, 2014, Tylenol No. 3, Naprosyn, and Prilosec were endorsed for ongoing complaints of knee, shoulder, and neck pain. The attending provider stated that he was introducing Tylenol No. 3 on the grounds that the applicant had developed a rash with tramadol. It was suggested that the applicant was currently working, albeit with restrictions in place. On January 7, 2015, Naprosyn, Prilosec, and Tylenol No. 3 were again endorsed. The applicant was again described as working and deriving appropriate analgesia with ongoing medication consumption including ongoing Tylenol No. 3 consumption, which was reportedly reducing the applicant's pain complaints from 8/10 without medications to 2/10 with medications. The attending provider maintained that ongoing medication consumption was facilitating the applicant's ability to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Tylenol No. 3, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, multiple progress notes, referenced above, of late 2014 and early 2015 suggested that the applicant was in fact deriving appropriate analgesia with ongoing Tylenol No. 3 usage, including reports of reduction in pain scores from 8/10 without medications to 2/10 with medications. The applicant had apparently returned to and/or maintained part-time, restricted duty work status with ongoing medication consumption, the treating provider maintained. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.