

Case Number:	CM14-0154818		
Date Assigned:	10/06/2014	Date of Injury:	03/12/2012
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 25 year old male with a date of injury on 3/12/2012. Subjective complaints are of left foot and ankle pain. Pain was rated at 5/10. Physical exam showed painful range of motion of the bilateral foot and ankle. There was tenderness over the anterior left ankle and foot. Hardware was palpable over the dorsal aspect of the foot. Medications include Percocet, Celebrex, Zoloft, Butrans, and Xanax. Request was for Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 4 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: CA MTUS indicates that the lowest possible dose of opioids should be used to improve pain and function. For this injured worker, multiple opioids are being utilized, including short acting opioids combined with Tylenol. Submitted documentation does not provide rationale for why Tylenol #4 would be indicated for improved pain control. Furthermore, the addition of Tylenol #4 would raise concern for exceeding the daily maximum

for acetaminophen. Therefore, the medical necessity for Tylenol #4 is not established. The request for Tylenol 4 #60 is not medically necessary.