

Case Number:	CM14-0049597		
Date Assigned:	07/09/2014	Date of Injury:	07/27/2008
Decision Date:	09/11/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 63-year-old patient sustained a work-related right foot injury on 7/27/08. Diagnoses include reflex sympathetic dystrophy of the lower limb. A report dated 5/21/13 noted medications were refilled by MA under supervision of the provider. Current medications are listed as Atenolol, Metformin, Glyburide, Omeprazole, Dendracin cream, Lidoderm 5%, Cymbalta, Lyrica, Gabapentin, Lipitor, Tylenol ES, Cozaar, and Hydrochlorothiazide. Past medical comorbid history includes diabetes, hypertension, complex regional pain syndrome (CRPS) in the right foot, and tenosynovitis of the distal posterior tibial and Achilles tendon. The exam only noted a review of systems questionnaire and vital signs. Treatment included refilling all meds including Tylenol ES, Gabapentin, Lyrica, Cymbalta, Tizanidine, Lidoderm 5%, and Dendracin cream. The report of 7/23/13 has unchanged symptom complaints and a brief exam of vitals, with notation on mental health indicated as normal affect, good judgment, and eye contact. No neurological or musculoskeletal exam of the lower extremities was performed or documented. The patient continued to be treated for chronic ongoing pain of the right foot. There is a past history of fungal infection after a cast was placed following the injury. A brief exam showed vital signs, antalgic gait with use of cane, and bilateral guarded feet with wraps. A request for Tylenol Extra Strength tabs 500mg #90 was non-certified on 4/14/14, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol Extra Strength tabs 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill 2006; the Physicians' Desk Reference, 68th Edition; www.rxlist.com; the Official Disability Guidelines Workers Compensation Drug Formulary at www.odg-twc.com/odgtwc/formulary/htm.drugs.com; Epocrates Online at www.online.epocrates.com; the Monthly Prescribing Reference at www.empr.com; and the Opioid Dose Calculator, Agency Medical Directors Group Dose Calculator www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain, for acute exacerbations of osteoarthritis of the joints and for low back pain. However, there is concern about hepatotoxicity, with overdose causing acute liver failure, especially in a patient with multiple chronic co-morbid disorders including diabetes, hypertension, and hypercholesterolemia. For treatment failure with Acetaminophen, a non-steroidal anti-inflammatory drug (NSAID) may be warranted. This patient has been prescribed Acetaminophen for quite some time for this chronic 2008 injury without documented evidence of functional benefit, acute exacerbation, or new injury. The request for Tylenol Extra Strength tabs 500mg #90 is not medically necessary and appropriate.