

<b>Case Number:</b>	CM15-0003847		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Arizona  
 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 23-year-old male who reported injury on 07/27/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of contusion of the knee and lower leg; pain in the joint, ankle and foot; cellulitis and abscess of leg, except for foot; sprain/strain of unspecified site of the knee and leg; sprain/strain of sacroiliac region; superficial injury of other, multiple, and unspecified sites; sprains/strains of ankle and foot; contusion of the knee; and lumbar sprain/strain. Past medical treatment consists of surgery, therapy, and medication therapy. Medications consist of Tylenol No. 3 (codeine with acetaminophen). On 06/05/2014, the injured worker underwent a UA, which showed that the injured worker was compliant with prescription medications. On 12/03/2014, the injured worker was seen on follow-up, where he complained of left ankle pain, which he rated at a persistent 8/10 to 9/10. Physical examination noted that the injured worker ambulated with an antalgic gait. Physical examination also noted that the lumbar spine had a decreased range of motion with tenderness to palpation over the lumbar paraspinal muscles. Straight leg raise was positive on the right. There was diminished strength sensation noted at the L4, L5, and S1 distribution. Deep tendon reflexes were diminished. It was noted that there was tenderness to palpation along the medial and lateral joint line. McMurray's sign was positive, and stress testing was noted to be positive. It is unclear if this is positive for pain or ligament laxity. The medical treatment plan is for the injured worker to continue with the use of Tylenol No. 3. Rationale and Request for Authorization form were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3 (Codeine 30/Acetaminophen 300), quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

**Decision rationale:** The request for Tylenol No. 3, with a quantity of 120, is not medically necessary. California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant behavior and side effects. The cumulative dosing of opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker had. The UA collected on 06/05/2014 indicated that the injured worker was compliant with prescription medications. However, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the request would not be indicated. As such, the request is not medically necessary.