

Case Number:	CM15-0007707		
Date Assigned:	01/26/2015	Date of Injury:	01/23/2012
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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, Hawaii

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 45 year old female, who sustained an industrial injury on 1/23/2012 when she fell off the stairs and sustained a fracture to the right ankle. She underwent right ankle surgery on 1/23/2012 with stabilization of ligaments and repeat surgery on 6/04/2013. She subsequently developed an infection at the surgical site. She underwent debridement of the right ankle on 8/19/2013. She uses a cane for ambulation and reported pain, numbness and weakness in the left wrist. The diagnoses have included right ankle fracture status-post surgical repair, unspecified ankle and foot joint derangement, anxiety, depression, and unspecified arthropathy ankle and foot. Treatment to date has included surgical intervention. Magnetic resonance imaging (MRI) of the right ankle dated 5/21/2014 showed subchondral cystic changes seen in the medial tibial plafond, no ligamentous injury or fracture and a calcaneal spur. A left hip arthrogram and MRI of the left hip dated 6/05/2014 was read as a normal study. Arthrogram and MRI of the left wrist dated 5/22/2014 revealed fluid in the distal radial ulnar joint following injection of the radio carpal joint. This can be due to small perforations of the triangular cartilage versus a micro tear, no definite enlargement of the median nerve. Currently, the Injured Worker complains of aggravation of symptoms at night. Objective findings included grip strength weaker on the left side with complaints of pain. Phalen's test and Tinel's test are positive on the left side. Dysesthesia is noted at the left upper limb. EMG (electromyography)/NCV performed on 5/06/2014 revealed entrapment neuropathy of the median nerve at the left wrist (Carpal Tunnel Syndrome). On 12/18/2014, Utilization Review modified a request for acetaminophen with codeine #3, noting that the lack of evidence of objective functional benefit. The MTUS was

cited. On 1/13/2015, the injured worker submitted an application for IMR for review of acetaminophen with codeine #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen with codeine no. 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The patient presents with ankle, wrist and hip pain. The current request is for Acetaminophen with codeine no. 3. The treating physician states, she is over-emotional over almost everything. Still in constant 7/10 pain to 10/10 in the right ankle, 9-10/10 in the left wrist with swelling. She has become dependent. (E.66) MTUS page 92 recommends Codeine-acetaminophen for the treatment of pain. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, the treating physician does document pain levels but does not provide a baseline. There is no discussion of ADLs or functional improvement with opioid usage. There is no discussion regarding side effects or aberrant behaviors and there is no documentation of CURES or UDS. The MTUS guidelines require much more thorough documentation for continued opioid usage. In addition, there is no quantity requested which is not in accordance with IMR requirements. The current request is not medically necessary and the recommendation is for denial.