

Case Number:	CM15-0135367		
Date Assigned:	07/23/2015	Date of Injury:	10/07/2013
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old female who sustained an industrial injury on 10/07/2013. Mechanism of injury occurred due to a fall. Diagnoses include displacement of lumbar disc displacement, lumbar radiculopathy, left hip pain, left knee pain, left ankle pain, and aftercare healing traumatic fracture of the lower leg. Treatment to date has included diagnostic studies, physical therapy, and medications. On 04/25/2015, a MRI of the left ankle showed a healed medial malleolus fracture-status post ORIF, vascular calcifications, soft tissue edema and heterotopic ossifications near the insertion site of the posterior tibialis tendon incidentally noted. A physician progress note dated 06/02/2015 documents the injured worker has complaints of constant moderate low back achy pain, which is rated 5 out of 10 and radiates to the left leg with muscle spasm. She has complaints of consent moderate 6 out of 10 achy-left hip pain. She complains of left knee pain, which is frequent and severe and rated 8 out of 10, and she has constant moderate pain in the left ankle that is rated 7 out of 10 and radiates into the left leg. Lumbar spine range of motion is restricted and painful. Kemp's causes pain and straight leg raise cause pain on the left. Left hip range of motion is restricted and painful. Iliac compression causes pain. Left knee ranges of motion cause pain and Apley's compression causes pain. Treatment requested is for Tylenol ES 1 PO BID #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol ES 1 PO BID #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), p11-12 Page(s): 11-12.

Decision rationale: The claimant sustained a work-related injury in October 2013 and continues to be treated for radiating low back and left lower extremity pain. When seen, there was decreased and painful lumbar range of motion. Kemp's testing was positive. There was a positive straight leg raise. There was decreased and painful left hip, knee, and ankle range of motion. Tylenol ES (acetaminophen) is recommended for treatment of chronic pain and acute exacerbations of chronic pain. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. The requested dosing is within the guideline recommendation and continued prescribing was medically necessary.