

<b>Case Number:</b>	CM15-0020354		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	09/06/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 37-year-old male who reported an injury on 09/06/2014 secondary to a fall. His diagnoses include right ankle sprain, anterior talofibular and calcaneofibular ligament tears, deep deltoid ligament tear, and severe tendinosis of the peroneus brevis tendon. His past treatments were noted to include physical therapy, medications, work restrictions, home exercise, and use of a CAM walker boot. At his follow-up visit on 01/07/2015, the injured worker complained of right ankle and heel pain, rated 8/10. He also reported difficulty with activities of daily living. The injured worker stated that his anti-inflammatory medication was not providing adequate pain relief. His physical examination revealed significant swelling and tenderness. It was noted that he had been authorized to undergo an arthroscopic repair of the collateral calcaneofibular and ETF ligaments. The treatment plan included refills of his medications, which included Tylenol No. 3 one tablet twice a day and Keflex 500 mg 1 tablet every 8 hours. A request was received for Tylenol #3, #60 (2x a day). The specific rationale for this request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, #60 (2x a day): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The submitted documentation did not indicate when the injured worker was initially prescribed Tylenol No. 3. However, at his 01/07/2015 visit, it was noted that he was given a refill of this medication. However, this note did not include objective evidence of significant pain relief or functional improvement with the use of this medication. Additionally, adverse side effects and appropriate medication use were also not documented. There was also no evidence that the injured worker had had consistent results on a urine drug screen. Therefore, ongoing use of Tylenol No. 3 would not be supported by the guidelines. In addition, the previous determination letter, dated 01/22/2015, indicated that peer to peer discussion had revealed that the injured worker had undergone his surgery on 01/20/2015 and he had discontinued the Tylenol No. 3 in favor of Norco for postoperative pain. For these reasons, the request is not medically necessary.