MAXIMUS Federal Services

Case Number:	CM15-0213991		
Date Assigned:	11/03/2015	Date of Injury:	04/27/2015
Decision Date:	12/22/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, 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 46 year old female who sustained an industrial injury 04-27-15. A review of the medical records reveals the injured worker is undergoing treatment for open wound of the knee/leg/ankle, fracture of the bone in the foot, and adjustment reaction-mixed emotion. Medical records (08-31-15) are handwritten and are difficult to decipher. The physical exam (08-31-15) notes are handwritten and difficult to decipher. The physical exam (07-29-15) reveals healing and decreased dorsiflexion. Prior treatment includes medications including topical creams, and oral medications. The original utilization review (10-01-15) modified the request for Tylenol #3 #60 to #30. The patient sustained the injury due to falling of display board on foot. The medication list include Naproxen, Norco, Xanax, Lexapro, Tylenol#3 and Diclofenac. The patient had used a CAM walker for this injury. The patient's surgical history include tonsillectomy and Hysterectomy. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with other non opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. The patient is already on one opioid medication, Norco. The detailed response to that medication is not specified in the records provided. The rationale for using another opioid medication is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Tylenol No. 3 #60 is not established for this patient, given the records submitted and the guidelines referenced.