

Case Number:	CM14-0214534		
Date Assigned:	01/07/2015	Date of Injury:	03/12/2012
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: 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 patient is a 24-year-old male with an injury date of 03/12/2012. Based on the 10/16/2014 progress report, the patient complains of foot and ankle pain, particularly at sites of hardware in the distal medial tibia and lateral fibula. He uses crutches for ambulation and rates his pain as a 9/10. He is only able to apply minimal weight to the left foot and he has been having pain in the right ankle, possibly due to compensating for the left foot. His right ankle occasionally swells and pops. The 11/03/2014 report states that the patient's pain has not improved since the last visit. He has numbness around the surgical site. Ankle joint range of motion is painful throughout, particularly with maximum dorsi- and plantar flexion. Tenderness to palpation is noted to the anterior, medial, and lateral aspects of the ankle. The 11/25/2014 report states that the patient has numbness around the surgical site and pain on the 2nd toe. The patient's diagnoses include the following: Nonunion fracture of the 2nd metatarsal base, left. Painful prominent hardware, left foot. Metatarsalgia, left foot, secondary to plantar flexed 5th metatarsal. The utilization review determination being challenged is dated 12/08/2014. Treatment reports are provided from 05/29/2014 - 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 76-78.

Decision rationale: The patient presents with a nonunion fracture of the 2nd metatarsal base (left), painful prominent hardware (left foot), and metatarsalgia of the left foot (secondary to plantar flexed 5th metatarsal). The request is for TYLENOL #60. The patient has been taking Tylenol No. 3 as early as 10/16/2014. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 10/16/2014, the patient rates his pain as a 9-10/10. He has a CURES report dated 10/16/2014 which is consistent. Although the treater provides pain scales, not all 4A's are addressed as required by MTUS Guidelines. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. The patient does have a CURES report dated 10/16/2014 which is consistent. There are no outcome measures provided as required by MTUS. There is no documentation of any recent urine drug screen to check for medication compliance. In this case, the treater has failed to provide the minimum requirements of documentation that are outlined in MTUS Guidelines for continued opiate use. The requested Tylenol IS NOT medically necessary.