

<b>Case Number:</b>	CM15-0120503		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York

Certification(s)/Specialty: Emergency Medicine

### 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 43 year old female who sustained an industrial injury on 01/08/2013 resulting in pain/injury to the left foot. Treatment provided to date has included: left foot surgery (2014); physical therapy without much improvement; nerve block injections (2) without significant improvement; medications (Tylenol #3, oxycodone and ibuprofen); and conservative therapies/care. Diagnostic tests performed include: CT scan of the left foot (2015) showing status post fusion of calcaneocuboid joint with ankyloses of the joint space. There were no noted comorbidities or other dates of injury noted. On 05/20/2015, physician progress report noted complaints of left foot and ankle pain. The pain was rated 7/10 in severity and was described as dull, aching, stabbing, sharp and burning. The injured worker reported that the pain was improved with rest and oxycodone as needed, and worsened with walking and standing. Current medications include oxycodone. It was noted on a pain management consultation, dated 02/25/2015, that the injured worker was being prescribed Tylenol #3 and taking 2-4 tablets per day. This physician also noted that he discouraged the use of opioids. The physical exam, from 05/20/2015, revealed a significant antalgic gait, soft tissue swelling over the lateral aspect of the mid foot near the cuboid, tenderness to palpation over the cuboid and the second metatarsal of the left foot, restricted range of motion in the left ankle, and decreased motor strength and sensation in the left foot. The provider noted diagnoses of calcaneal cuboid traumatic arthritis, left non-union of cuboid fracture, status post mid left foot fusion surgery, probable sympathetically medicated foot pain, and incisional neuroma to the left foot. Plan of care includes steroid injection into the neuroma site at next follow-up visit, Tylenol #3, acupuncture,

and follow-up. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: Tylenol #3 #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol #3, qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine and Opioids Page(s): 35, 74-96.

**Decision rationale:** According to the California MTUS Guidelines, APAP with Codeine (Tylenol with Codeine or Tylenol #3) is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy as it was noted in earlier consultations and progress notes that the injured worker had been taking Tylenol #3 for several months. There is no discussion of drug screens. The request does not include dosing and frequency. As such, the Tylenol #3 is not medically necessary.