

Case Number:	CM15-0123331		
Date Assigned:	07/07/2015	Date of Injury:	06/11/2014
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female with an industrial injury dated 06/11/2014. The injured worker's diagnoses include right ankle sprain, rule out osteochondral lesion. Treatment consisted of MRI of the right ankle, urine toxicology screening, prescribed medications, and periodic follow up visits. In a progress note dated 12/10/2014, the injured worker reported right ankle pain, swelling and recurrent symptoms. Objective findings revealed decrease flexion and extension of the right foot/ankle. Magnetic Resonance Imaging (MRI) of the right ankle dated 04/07/2015 revealed high grade peroneus longus interstitial tearing superimposed upon a background of tendinosis and tenosynovitis, focal split thickness tear of the peroneus brevis just distal to the lateral malleolus, and intact Achilles tendon. The treating physician prescribed Tylenol extra strength/MAPAP extra strength 500mg #90 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol extra strength/MAPAP extra strength 500mg #90: Overturned

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

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

Decision rationale: Tylenol extra strength/MAPAP extra strength 500mg #90 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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 MTUS states that acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. The documentation indicates that the patient has chronic right ankle pain and recurrent symptoms. The MTUS supports this medication for mild to moderate pain. Furthermore, the documentation does not reveal contraindication to this medication therefore the request is medically necessary.