

Case Number:	CM15-0098376		
Date Assigned:	05/29/2015	Date of Injury:	10/09/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 injured worker is a 56 year old female who sustained an industrial injury on 10/09/2014. Mechanism of injure was twisting and stepped in a hole at work injuring her right ankle and foot. Diagnoses include ankle sprain of anterior talofibular ligament, sprain of posterior talofibular ligament, sprain of calcaneofibular ligament, right ankle, and marrow edema of the talus, calcaneus and cuboid right ankle, tenosynovitis, flexor hallucis longus right ankle and right ankle pain. Treatment to date has included diagnostic studies, medications, physical therapy, brace, and injections. A physician progress note dated 04/28/2015 documents the injured worker complains of pain in the right ankle which she rates as a 2-3 out of 10, which can increase upon aggravation. A urine drug screen was done on 03/22/2015 and was as expected with prescribed medications. Right ankle examination has normal range of motion. She has most significant discomfort with dorsiflexion and inversion of the right ankle. She has significant pain and discomfort with passive range of motion; it is significantly tender to a palpation over the anterior aspect of the lateral malleolus and moderately tender to palpation over the anterior aspect of the tibio talar joint space. X rays done on 10/09/2014 of the right ankle showed a slight irregularity along the underside of the lateral malleolus, it is uncertain whether this represents a secondary ossicle or avulsion fracture. There is diffuse soft tissue swelling over the hind foot. Magnetic Resonance Imaging of the right ankle showed ankle sprain pattern with anterior talar fibular ligament disruption, sprain pattern and partial disruption of the posterior talofibular ligament and disrupting of the deep band of the calcaneofibular ligament. Marrow edema in the talus calcaneus and cuboid may reflect bony contusion or the effect of altered weight bearing

mechanics. Tenosynovitis flexor hallucis longus tendon sheath is present. The treatment plan was for physical therapy, orthopedic consultation, Ibuprofen, and follow up visit in 6 weeks. Treatment requested is for 1 prescription for Tylenol #3, #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tylenol #3, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with right foot and right ankle pain rated 2-3/10. The request is for 1 Prescription for Tylenol #3, #30 with 1 Refill. The request for authorization is dated 04/28/15. MRI of the right ankle, 10/17/14, shows ankle sprain of anterior talofibular ligament, sprain of posterior talofibular ligament, sprain of calcaneofibular ligament; marrow edema of the talus, calcaneus and cuboid; tenosynovitis, flexor hallucis longus. Physical examination reveals significantly tender to palpation over the anterior aspect of the lateral malleolus and moderately tender to palpation over the anterior aspect of the tibitalar joint space. She was mildly tender to palpation anteriorly to the medial malleolus. Patient medications include Tylenol #3 and Ibuprofen. Per progress report dated 04/28/15, the patient is returned to modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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. Per progress report dated 04/28/15, treater's reason for the request is "for breakthrough pain." The patient is prescribed Tylenol #3 since at least 02/03/15. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4A's, treater does not discuss how Tylenol #3 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tylenol #3. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.