

Case Number:	CM13-0039636		
Date Assigned:	12/20/2013	Date of Injury:	10/12/2011
Decision Date:	02/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in DC and VA. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient sustained injury after a fall at work on Oct 12 2011. He had complaints of back , si joint, ankle and wrist pain. He underwent electrodiagnostic testing on march 5 2012. He was thought to have impaction syndrome by [REDACTED] who recommended epidural injections. Patient was seen by orthopedist for left wrist pain and left ankle pain after being referred by his PCP, [REDACTED], on Sept 21 2012. He was referred for an MR left ankle. This was done by [REDACTED]. On Oct 12 2012, MR of left ankle should mild degenerative change at the posterior margin of the sub-talar joint and anterior margin of the tibio-talar joint but without evidence of fracture. On the same day, [REDACTED] documents that the pt is on norco, soma. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove Drug Metabolism Profile: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-79,84, 85, 89, 94.

Decision rationale: As per the MTUS guidelines, this pt was prescribed narcotics for pain control of his ankle issues. He was tested with a drug screen which is used to assess if the pt is indulging in illicit drug activity. This is medically necessary and reasonable.