

Case Number:	CM13-0058023		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2011
Decision Date:	03/26/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 Emergency Medicine and is licensed to practice in California. 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:

The patient is a 49-year-old male who was injured on April 21, 2011 when he jumped off a tractor that was out of control. He landed on his right heel fracturing the calcaneus. On May 18, 2011 the patient underwent open reduction and internal fixation of the right calcaneus with bone grafting. He continued to complain of pain and swelling to the right ankle. Diagnoses included fracture of the calcaneus and post-traumatic arthhritis subtalar and midfoot joints. Treatment included medications, custom-molded orthotic device, and physical therapy. Request for authorization for Pharmacological management was received on November 4, 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological Management Including Prescriptions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Functional Restoration Approach to Chronic Pain Management Page(s): 7-8.

Decision rationale: Using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Comorbid conditions, side effects, cost, and efficacy of medication should be considered when choosing guide medication. Choice of pharmacotherapy

must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. In this case the request is for Pharmacological management for the patient, but the medications, doses frequency, and total number of pills are not delineated. The lack of information does not allow determination for medical necessity and safety. Therefore the request is not authorized.