

Case Number:	CM14-0175317		
Date Assigned:	10/27/2014	Date of Injury:	06/04/2011
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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/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 injured worker is a 52 year old female who was injured at work on 06/04/2011. She is reported to be complaining of headaches, neck pain, back pain and ankle pain. The ankle pain is constant 7/10, localized to both sides of the ankle but radiates to the knee. The ankle pain is associated with swelling. The physical examination revealed limitation in cervical, and lumbar range of motion; positive straight leg raise at 30 degrees, antalgic gait, needing to use a cane, flat foot and hindfoot valgus, limited range of motion of the right ankle, tenderness of the ankle, healed ankle surgical scar. MRI of 04/2013 revealed partial split of the peroneus brevis and scaring of the lateral ligament of the right ankle. Urine testing was positive for marijuana, benzodiazepines, and oxycodone The worker has been diagnosed of internal derangement of right ankle, lumbar spine myofascitis and cervical sprain/strain with myofascitis. Treatments have included Surgery, chiropractic care, physical therapy, acupuncture, aquatic therapy, Xanax, Soma, and Percocet. At dispute is the request for Percocet 10/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 79-81.

Decision rationale: The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances; or if there is decreasing functioning; or if there is evidence of illegal activity including illicit drugs, diversion. The records indicate the injured worker has remained off work for more than six months, there has been no improvement in pain despite treatment with opioids, and she tested positive to Marijuana. The requested treatment is therefore not medically necessary and appropriate.