

Case Number:	CM14-0043220		
Date Assigned:	07/02/2014	Date of Injury:	01/06/2007
Decision Date:	09/09/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 67 year old who was injured on 1/6/2007. The diagnoses are left heel pain and status post calcaneus fracture. On 3/7/2014, Dr. [REDACTED] noted complaints of swelling, stiffness and tenderness of the left heel and ankle. The complaint of ankle pain is associated with sleep disturbance. The patient is working fulltime with the help of 45 % reduction in pain from the medications utilization, awaiting the arrival of prescribed foot orthotics. The claimant medications are: Ambien, Vicodin, Voltaren gel and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Vicodin ES 7.5/300 mg #90 with 1 refill:

Overtaken

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids can be utilized for the short term treatment of severe pain during periods of exacerbation that is non responsive to standard NSAIDs, PT and

exercise. The records indicate that the patient is suffering from exacerbation of the left foot pain. There is documented swelling, stiffness and tenderness of the left ankle. The patient is still able to perform a full time work schedule with the pain relief from medications utilization. The criteria for the use of prospective request for Vicodin ES 7/5/300mg #90 1 refill is medically necessary and appropriate.