

Case Number:	CM14-0044037		
Date Assigned:	07/02/2014	Date of Injury:	01/15/2001
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in . 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:

A 1/3/14 note indicates the injured worker has reduced his opioids by 50%. The injured worker completed a functional restoration program. Medications are listed as fentanyl 50 mcg q 3 days and Percocet 10/325, one tablet TID. Left hip pain continues. Examination notes antalgic gait with pain on range of motion. Diagnosis is listed as opioid tolerance, opioid induced hyperalgesia, generalized deconditioning, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: The medical records provided for review report improvement in pain with pain medication but does not indicate documentation of opioid risk mitigation tools or ongoing monitoring of opioid use. There is reported decreased overall opioid use with reduction by 50% by the injured worker. Opioids are not recommended in a condition where opioid risk mitigation is not being performed. The request is not medically necessary.

