

Case Number:	CM14-0056252		
Date Assigned:	07/09/2014	Date of Injury:	05/25/2011
Decision Date:	09/10/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family Practice and is licensed to practice in Arizona. 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:

This is a 32-year-old male with a date of injury on 04/25/2011. He had an open reduction and internal fixation of a left ankle fracture on 07/22/2011. Medical records describe persistent post-operative pain in the left ankle after 10-15 minutes of walking. Exam findings include tenderness in the left knee foot and ankle with dorsiflexion weakness. Medical records from January 2014 state he is using Vicodin 5/500 and Naproxen 550mg for pain but do not describe his pain response to medication or the presence of functional improvement with these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #75 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: MTUS guidelines for use of opiate states that medications such as Vicodin are indicated where appropriate for the treatment of moderate to severe pain. Continued use is recommended if the patient has functional improvement and reduction of pain/return to work. Records provided do not describe functional improvement or reduction in pain. The patient

continues to be out of work from description in records. MTUS guidelines for the ongoing use of opiates recommend their use as part of a treatment plan tailored to the patient. Non opiates are recommended prior to a trial of opiate medication. Monitoring for the 4 A's should occur - analgesia, activity of daily living aberrant behavior, adverse side effects. Opioids are recommended to be discontinued when there is no overall improvement or continued pain with evidence of intolerable side effects. There is no documentation of improved function and the patient continues to not be working so in this instance medical necessity is therefore not met.