

Case Number:	CM14-0091748		
Date Assigned:	07/25/2014	Date of Injury:	09/27/1999
Decision Date:	09/08/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine & Rehabilitation 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 53 year old male who had a work related injury on 09/27/1999. The mechanism of injury, the injured worker was descending a piece of heavy equipment with a fall or a jump from three to four feet. Initial diagnosis was right ankle sprain. Past medical history was significant for a right ankle fracture/dislocation in 1998, requiring surgery. Treatment has included surgery in 2001 with a right ankle fusion. He also had hardware removal from the right ankle in November 2001. He underwent lumbar sympathetic block on 04/23/14 for complex regional pain syndrome (CRPS). About five hours of relative comfort in the right side following the injection and last night the pain returned to the preinjection state was noted. Most recent document submitted for review is dated 04/24/14. The injured worker is one day status post sympathetic block done on the right side. He states his ankle and leg are back to the same level of moderate to severe pain, deep aching inside, continued swelling, motion is limited, stiffness, clicking and popping; hypersensitive with focal tenderness noted, and unable to walk without a cane. Lidoderm patches and Percocet given to him at his last visit is helping with pain was documented. However, he seems to be inclined to take more and more Percocet which we will discuss. Physical examination of his right ankle reveals dorsiflexion is 5 degrees, plantar flexion is 10 degrees, inversion and eversion are 5 degrees, guarding with all range of motion, diffuse tenderness over the entire right ankle, noticeable changes in temperature and hypersensitivity to touch, erythema of the right ankle, and pedal pulses are intact. Diagnosis is status post removal of hardware right ankle, status post right ankle fusion, complex regional pain syndrome. Prior utilization review on 06/16/14 was modified to initiate weaning. There is no documentation of Uniform Data System (UDS), functional improvement, and no documentation of decrease in pain while on this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Percocet 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioid's Page(s): 74-80..

Decision rationale: Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.