MAXIMUS Federal Services

Case Number:	CM14-0097182		
Date Assigned:	07/28/2014	Date of Injury:	05/25/2012
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pain Management and is licensed to practice in California. 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 39-year-old male with a reported industrial injury date of May 25, 2012. According to the submitted clinical notes, the injured worker reported that on the day of injury, he was employed as a sales consultant and while at a job site he climbed over a fence and stood on a box that contained the motor and articulating arm for the electrical gate. When he stepped off the box, he experienced immediate excruciating pain and had to lie on the driveway until the ambulance came to get him. The progress report dated April 16, 2014 does not list a diagnosis. Reported treatment to date has consisted of activity modifications, physical therapy, opiate analgesics, and neuropathic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 48, 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 34.

Decision rationale: The California Chronic Pain and Official Disability Guidelines have been applied. According to these guidelines, ongoing chronic opiate use requires documentation of

pain relief with and without medications, functional improvement, side effects, screening for medication use compliance, and documentation of signs of aberrant behavior, medication abuse or misuse. Based on the submitted clinical notes, medical necessity for ongoing use of Percocet 5/325 mg has not been established per the cited guidelines.