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| Case Number: | CM14-0103376 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 05/20/2013 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Occupational Medicine 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:

This individual is a 60 y/o male who developed ankle difficulties subsequent to an injury 5/20/13. The initial injury affected his knee, but the knee buckled at a later date and he suffered an ankle fracture as a derivative injury. The ankle fracture was surgically fixated, but he developed a post-operative infection and osteomyelitis. He eventually had to have prolonged antibiotics, hardware removal and a subsequent ankle fusion. As part of his postoperative care for the fusion he was given Percocet 10mg #100. In Utilization Review this was modified to #90 tabs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg # 100 given 06-11-2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 426.

Decision rationale: MTUS Guidelines support the use of potent pain medications when over the counter medications are not sufficient for acute pain. This individual is still in the post operative phase of care and the Chronic pain Guidelines would not directly apply. If opioids are still

utilized 6 months after the fusion surgery a review under the chronic pain standards would be reasonable, but at this point in time this is still acute nociceptive pain from a major surgical procedure. The Percocet 10/325mg. #100 given 6/11/14 is medically necessary.