

Case Number:	CM15-0100746		
Date Assigned:	06/03/2015	Date of Injury:	09/27/1999
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 9/27/99. The injured worker was diagnosed as having status post right ankle fusion (1/25/01), status post removal of hardware (11/12/01) and rule out complex regional pain syndrome. Currently, the injured worker was with complaints of right ankle pain. Previous treatments included oral pain medication and topical patches. Previous diagnostic studies included radiographic studies revealing a solid ankle fusion. Physical examination was notable for decreased range of motion in the right ankle, pain with inversion and eversion and pain with palpation. The plan of care was for medication prescriptions and additional surgery. The requested surgical treatment has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines do not support the long term use of opioids due to the development of habituation, tolerance and hormonal imbalance in men. The MTUS guidelines also note that opioids may be continued if there has been improvement in pain and function. In this case, the long term use of opioids is not supported and there is no evidence of improvement in function or pain to support the continued utilization of Percocet. The request for Percocet 7.5/325mg #120 is not medically necessary and appropriate.