

Case Number:	CM15-0103106		
Date Assigned:	06/05/2015	Date of Injury:	01/21/2011
Decision Date:	07/08/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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: Emergency Medicine

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 46-year-old male, who sustained an industrial injury on 01/21/2011. He has reported injury to the left ankle. The diagnoses have included pain in limb; other and unspecified injury to knee, leg, ankle, and foot; unspecified osteochondropathy; and status post left ankle arthrotomy with microfracture, on 05/07/2014. Treatment to date has included medications, diagnostics, injections, ankle foot orthosis, CAM walker boot, casting, physical therapy, and surgical intervention. Medications have included Percocet, Diclofenac, Tramadol, and Omeprazole. A progress report from the treating physician, dated 03/31/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued left ankle pain. Objective findings included tenderness on palpation to the anterior medial left ankle; left ankle range of motion is satisfactory; and deep tendon reflexes are equal and reactive bilaterally. The treatment plan has included the request for Percocet 5/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone/acetaminophen; Opioids for chronic pain; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Percocet 5/325mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued left ankle pain. Objective findings included tenderness on palpation to the anterior medial left ankle; left ankle range of motion is satisfactory; and deep tendon reflexes are equal and reactive bilaterally. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 5/325mg #30 is not medically necessary.