MAXIMUS Federal Services

Case Number:	CM15-0137152		
Date Assigned:	07/27/2015	Date of Injury:	09/30/2011
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: Preventive Medicine, Occupational 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 23 year old male, who sustained an industrial injury on 09/30/2011. He has reported injury to the head, chest, abdomen, right pelvis, right hip, and low back. The diagnoses have included status post fall, post-concussive syndrome; status post brain hemorrhage, traumatic brain injury; status post bilateral pneumothoraces; status post comminuted fracture of the right iliac crest; status post exploratory laparotomy; status post closed operative manipulation of right iliac crest fracture; post traumatic chronic pain syndrome; chronic right pelvic pain and right hip pain; chronic bilateral shoulder pain; and diffuse spinal pain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Percocet, Topirimate, and Voltaren Gel. A progress note from the treating physician, dated 04/02/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right hip pain rated at 8 on a scale from 1 to 10; pain at night and unable to sleep; pain goes down to 2 on a scale of 1 to 10 with TENS unit; right hip pain is worse late in the day, girdle pain worse; he takes one Percocet when he gets home from work and tried to take only one-half tablet at night; unable to control pain and wakes up at night with ache; he takes 2 tablets of Percocet to allow for rest; he is able to tolerate modified work with oral pain medication; and he has completed three sessions of physical therapy. Objective findings included right antalgia; no motor deficit in the legs; slight wasting of the quadriceps and gastrocnemius on the right leg; hyporeflexic lower extremities; and Trendelenburg test is positive on the right. The treatment plan has included the request for Percocet 5/325mg #55.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #55: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: Guidelines support the judicious use of opioids if there is meaningful pain relief, support of function (best evidenced by work activity) and the lack of drug related aberrant behaviors. This individual meets the Guideline criteria. Meaningful pain relief and support of work activities is clearly documented. No drug related aberrant behaviors are noted. The Percocet 5/325 #55 is supported by Guidelines and is medically necessary.