

Case Number:	CM15-0043091		
Date Assigned:	03/13/2015	Date of Injury:	11/08/2010
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/06/2015

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 59 year old male who sustained an industrial injury on 11/08/2010. On provider visit dated 11/14/2014 the injured worker has reported ankle pain and foot pain. On examination, he was noted to have right knee tenderness, right ankle tenderness and right foot burning pain. The diagnoses have included pain in joint, ankle and foot. Treatment to date has included medication and MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg Qty: 100.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Opioids are not any more effective the safer analgesic medication which do not have the significant side effect profile of tolerance and addiction. They are indicated for use for only short periods of time in musculoskeletal pain. Due to the prolonged nature of opioid use

in this case with persistent symptoms, ongoing treatment with analgesics in this category would not be indicated.