

<b>Case Number:</b>	CM15-0055362		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: New York, West Virginia, Pennsylvania  
 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 29-year-old male, who sustained an industrial injury on 11/21/2014. He has reported subsequent leg pain and was diagnosed with left distal tibia fracture. Treatment to date has included oral pain medication and surgery. In a progress note dated 03/05/2015, the injured worker complained of left foot, ankle and lower leg pain. Objective findings were notable for mild swelling and tenderness to palpation of the left foot. A request for authorization of Percocet was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication-Percocet 10/325mg:** Upheld

**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): 74-96.

**Decision rationale:** Guidelines require documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients utilizing

ongoing opioid medications. In this case, there is no documentation of objective or subjective benefit from use of this medication. The request for Percocet 10/325 mg is not medically appropriate and necessary.