

Case Number:	CM15-0016006		
Date Assigned:	02/04/2015	Date of Injury:	09/19/2007
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 was a 29 year old female, who sustained an industrial injury, September 19, 2007. According to progress note of February 10, 2015, the injured workers chief complaint was left ankle and low back pain with radiation into both lags with associated numbness. The injured worker rated the pain at 7-8 out of 10. The injured worker was diagnosed with CRPS (complex regional pain syndrome) of the left ankle, acute capsulitis, peroneal tendinitis, and lateral left ankle sprain, sprain of the lumbar region, lumbago and sciatica. The injured worker previously received the following MRI of the lower extremity treatments pain medication, MRI of the lumbar spine, physical therapy, arthroscopic surgery of the left ankle on April 20, 2012, acupuncture, lumbar sympathetic injection blocks, ankle brace, injections, psychotherapy, toxicology laboratory studies, cane and compression stockings. January 21, 2015, the primary treating physician requested authorization for Oxycontin 20mg, one tablet every 12 hours quantity 60 tablets and Percocet 10/325mg, one tablet every 12 hours quantity 60. January 23, 2015, the Utilization Review denied authorization for Oxycontin 20mg, one tablet every 12 hours quantity 60 tablets and Percocet 10/325mg, one tablet every 12 hours quantity 60. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 MG 1 Tab Every 12 Hours Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 29 year old female with a date of injury of 09/19/2007. She had left ankle surgery on 04/20/2012. She had back pain and CRPS of the left lower extremity. MTUS guidelines for on-going treatment with opiates require documentation of analgesia, improved functionality with respect to the ability to do activities of daily living or work and monitoring of adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet these criteria and weaning from opiates is appropriate. The requested 60 tablets are not medically necessary.

Percocet 10/325 MG 1 Tab Every 12 Hours Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 29 year old female with a date of injury of 09/19/2007. She had left ankle surgery on 04/20/2012. She had back pain and CRPS of the left lower extremity. MTUS guidelines for on-going treatment with opiates require documentation of analgesia, improved functionality with respect to the ability to do activities of daily living or work and monitoring of adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet these criteria and weaning from opiates is appropriate. The requested 60 tablets are not medically necessary.