

Case Number:	CM15-0118076		
Date Assigned:	06/26/2015	Date of Injury:	11/07/2003
Decision Date:	07/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 11/07/2003. Diagnoses include status post re-due thoracic spinal cord stimulator trial (4/08/2014), L1 burst fracture status post corpectomy and T12-L2 fusion (2003), history of right calcaneal fracture with Chronic Regional Pain Syndrome, history of right tibial plateau fracture status post closed reduction and internal fixation with hardware removal, chronic intractable pain, status post revision of pulse generator switching to [REDACTED] (2/16/2015) and status post thoracic spinal cord stimulator, failed. Treatment to date has included diagnostics, surgical intervention, medications including Percocet and a spinal cord stimulator trial. Per the Primary Treating Physician's orthopedic Spine Surgery Progress Report dated 5/07/2015 the injured worker reported mid back pain rated as 8/10, severe right foot pain rated as 7-8/10 and left knee pain rated as 2-3/10. Physical examination of the ankle revealed an antalgic gait that favors the left lower extremity. There was swelling noted over the medial aspect of the right ankle and restricted ranger of motion with pain. The plan of care included consultation with an ankle specialist, pain medication and diagnostics and authorization was requested for Percocet 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.