MAXIMUS Federal Services

Case Number:	CM15-0122980		
Date Assigned:	07/07/2015	Date of Injury:	01/06/2007
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/25/2015

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 68-year-old male, who sustained an industrial injury on January 6, 2007, incurring left foot and left ankle and leg injuries after falling from a roof. He was diagnosed with a left calcaneal fracture, ankle synovitis, Achilles tendonitis, ankle osteoarthritis, and heel bursitis. He underwent a calcaneal osteotomy and hammertoe surgery. Treatment included multiple surgical interventions, anti-inflammatory drugs, pain medications, sleep aides, cortisone injections, muscle relaxants, orthotics, topical analgesic gels and work restrictions and modifications. Currently the injured worker complained of continued left foot and left ankle pain and numbness in the area of the surgical incisions. The treatment plan that was requested for authorization included prescriptions for Vicodin extra strength and Sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: MTUS discusses in detail the 4As 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.

Sonata 5mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Insomnia Treatment.

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers Compensation/Pain/Insomnia does not recommend pharmacological treatment of insomnia without careful evaluation of potential causes of sleep disturbance, which is not clearly document in this case. This request is not medically necessary.