

Case Number:	CM15-0067094		
Date Assigned:	04/14/2015	Date of Injury:	04/10/2006
Decision Date:	05/13/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47-year-old male, who sustained an industrial injury on 4/10/2006. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post tarsal tunnel release and plantar fasciotomy. There is no record of a recent diagnostic study. Treatment to date has included surgery, acupuncture, injections, orthotics and medication management. In a progress note dated 3/26/2015, the injured worker complains of right lower extremity pain and right ankle/foot pain. The treating physician is requesting Xartemis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xartemis extended release quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
 Page(s): 82-92.

Decision rationale: In this case, the claimant had been on Norco and Nucynta in the past year. The progress not on 3/25/15 indicated the claimant's pain was well controlled on Norco. The

guidelines do not recommend opioids for mechanical or compressive etiologies. There was no indication of Tylenol or NSAD failure. In addition, there was no indication for need to add Xartemis - a long acting opioid to the regimen. The claimant had received 80% improvement with recent surgery. The need for Xartemis is not appropriate or medically necessary.