

<b>Case Number:</b>	CM13-0023672		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 43-year-old the date of injury of April 7, 2003. The patient has a diagnosis of chronic neck pain, chronic low back pain, complaints of depression. The treating providers requested a transfer to internal medicine or psychiatry, refill of antidepressant medications, refill of opiate medications. The treating physician is a physical medicine and rehab specialist. He is requesting transfer because he feels that the psychiatric medications and treatment is outside of his field of expertise. Their progress notes dated number four's 2013 and August 2 thousand 13 with the same requests. The notes state that patients continue home exercise program but do not indicate the treatment benefits of the opioid medications such as functional improvement or decrease in pain or reduction in restrictions/return to work. It appears patients in getting refills on his medications every 3 to 6 months. The transfer of care to psychiatry has been approved by the claims administrator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to Internal Medicine or Psychiatry:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127.

**Decision rationale:** MTUS does not address consults or transfer of care. ACOEM chapter 7 states that a provider may get consultation, "To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness to return to work. A consultant is usually asked in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the treating provider states he does not have the expertise to continue treating the patient's psychiatric condition and his current medications. There is no internal medicine condition reported specifically in the current records, such as hypertension or diabetes. Therefore, an internal medicine transfer would not be appropriate. As the patient has a diagnosis of depression and is on multiple psychiatric medications, a transfer of care to psychiatry would be appropriate.

**Norco 10/325mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use of Opioids .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** CA MTUS does not recommend long-term use of opioid medications for chronic low back pain. In addition, the documentation given by the provider does not indicate any functional improvement or reduction in pain. It does not show that the patient has had any improvement in his activities of daily living or reduced restrictions at work or return to work. Guidelines require documentation of these effects for this medication, especially for continued use. As his medications has been used for an extended period of time, these criteria are important to evaluate the efficacy of this medication. The treatment request does not meet guidelines and is therefore not necessary.