

<b>Case Number:</b>	CM13-0028036		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 53 year old female who reported an injury on 01/06/2012. The mechanism of injury was not provided in the medical record. The most recent clinical note dated 04/11/2013 reported upon assessment there was noted tenderness to palpation of the cervical spine. Cervical range of motion was as follows: flexion 25 degrees, extension 20 degrees with pain, right lateral bending 30 degrees, left lateral bending 35 degrees, right rotation 75 degrees and left rotation of 70 degrees. There was positive Spurling's noted. Reflexes were 2+ bilaterally. Wrist examination revealed range of motion equal bilaterally except right wrist flexion slightly lower than left at 60 degrees instead of 70 degrees. Circulation, sensation and motor skills were all intact. There was a review of all diagnostic studies previously done. The following diagnoses were discussed: degenerative joint disease, moderately severe right carpal tunnel syndrome, depression, and anxiety. The treatment plan consisted of ordering a cervical epidural steroid injection, Norco, Nizatidine, Ibuprofen, and orthopedic lumbar and cervical evaluation and treatment. The patient wanted to hold off epidural steroid injection, without reason as to why. The most recent physical therapy note dated 04/11/2013 reported no significant change in patient's abilities since initial evaluation. The patient was also taking Xanax, and Prozac at time of the clinical visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up pharmacological management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. It further states there should be continued review of the overall situation with regard to non-opioid means of pain control. The patient has been on her medication regimen for pain management since her injury in 01/2012. There are no signs of misuse, or addiction. The patient takes all of her medications as ordered, and does get some relief. There is no clinical documentation of the patient exhibiting any signs requiring monitoring or pharmacological management. As such, the request for pharmacological management is non-certified.