MAXIMUS Federal Services

Case Number:	CM13-0043057		
Date Assigned:	12/27/2013	Date of Injury:	10/30/2000
Decision Date:	09/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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/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 injured worker is a 52-year-old male with a date of injury of October 30, 2000. The patient has chronic neck pain, cervical radicular pain, left shoulder pain, bilateral hand pain, and is currently on opioid pain medications. There has been documentation that the patient experiences pain relief with medications, functional improvement, denies adverse effects, and has no aberrant behaviors noted. The disputed requests are for Morphine, Fentanyl patches, and an addiction specialist consultation. A utilization review noncertified these requests. With regard to the request for the narcotics and addiction consultation, the provider was asked to submit additional information via fax. This information was not provided in a timely manner according to the reviewer and thus the decision to non-certified these requests was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CONSULTATION WITH AN ADDICTION SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment and Utilization Schedule does not have specific guidelines with regard to consulting specialists. American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Second Edition state the following in Chapter 7 on page 127: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist." In the case of this injured worker, the patient is on chronic opioid therapy for pain management including Fentanyl 50g per hour patches every 48 hours and morphine. There is documentation that the medication helps with pain and helps to improve function as noted in a progress note on September 9, 2013. However, the provider states that there is a desire to obtain a 2nd opinion to assess whether the patient is addicted or not. The patient expressed extreme anxiety regarding outpatient opiate tapering and detoxification. In these cases, it is appropriate to get a 2nd opinion especially when there is a risk to continued opiate therapy, and an addiction specialist would be able to evaluate the patient for signs of addiction and also recommend possible modifications to the opiate regimen. This request is necessary.

PRESCRIPTION OF MORPHINE IR 15MG, #45: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioid Criteria Section>, page(s) 76-80 Page(s): 76-80.

Decision rationale: At the time of this request, the patient has had documentation of being on chronic opiate with improvement in pain and function. No aberrant or drug behaviors were noted and the patient denied adverse side effects. These are all documented in a progress note on September 30, 2013. The provider in fact trying to do a detailed assessment for aberrant or addictive behaviors by requesting interdiction knowledge he consultation. Given that the criteria of the California MTUS is met, this request is medically necessary.

PRESCRIPTION OF FENTANYL 50MCG, #15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Opioid Criteria Section>, page(s) 76-80 Page(s): 76-80.

Decision rationale: At the time of this request, the patient has had documentation of being on chronic opiate with improvement in pain and function. No aberrant or drug behaviors were noted and the patient denied adverse side effects. These are all documented in a progress note on

September 30, 2013. The provider in fact trying to do a detailed assessment for aberrant or addictive behaviors by requesting interdiction knowledge he consultation. Given that the criteria of the MTUS is met, this request is medically necessary.