MAXIMUS Federal Services

Case Number:	CM13-0044704		
Date Assigned:	12/27/2013	Date of Injury:	12/12/2008
Decision Date:	06/03/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/03/2013

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 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 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:

Patient is a 42 year old female with date of injury 12/12/2008. The medical record associated with the request for authorization, a primary treating physician's reexamination and supplemental report, dated 08/28/2013, lists subjective complaints as low back pain on the left side. She claims the pain and a burning sensation travels down both legs, more on the left side. Objective findings: Examination of the lumbar spine revealed reduced range of motion in all ranges associated with pain. There was tenderness to palpation over bilateral paralumbar muscles more on the left side with myoplasm. Straight leg test was positive on the left. There was tenderness to palpation over the mid to lower thoracic spine in the midline and parathoracic muscles. There was also tenderness to palpation noted over the sacrum and sacrococcygeal junction and over the left sacroiliac joint. Diagnosis: 1. Status post lumbar spine fusion surgery 2. Gastroesophageal reflux disease 3. Complaint of diffuse abdominal pain since her back surgery 4. Irritable bowel syndrome 5. Chronic pain 6. Depression/anxiety 7. Hypertension 8. History of multiple skin eruptions, complicated by infections; rule out MRSA, recurrent bouts of folliculitis, abscesses, and cellulitis 9. EGD study evidence of reflux esophagitis and non-bleeding erosive gastrophy with negative H. pylori. The medical records provided for review document that the patient has been taking the following medications since at least as far back as 05/01/2013. Medications: 1. Cymbalta 90mg, 2. Nexium 40mg SIG: one -two times per day 3. Hydrochlorothiazide 25mg, 4. Lisinopril 40mg SIG: twice a day, 5.Gabapentin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGY MANAGEMENT TO INCLUDE PRESCRIPTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127-132.

Decision rationale: The ACOEM Practice Guidelines states that he consultation may be ordered to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examine's fitness for return to work. A consult it is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. A referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. Documentation is lacking in the referral request for the above requirements. Pharmacology Management to include Prescription is not medically necessary.