MAXIMUS Federal Services

Case Number:	CM13-0045008		
Date Assigned:	12/27/2013	Date of Injury:	08/20/1987
Decision Date:	03/13/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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 records for review indicate that the claimant is status post prior cervical fusion with instrumentation with recent clinical assessment of September 2013 showing diagnosis of multiple joint pain, status post anterior cervical discectomy and fusion with continued cervical and lumbar radicular complaints to the bilateral upper and lower extremities. Documentation includes an exam that showed tenderness to palpation over the lumbar and cervical musculature, with spasm and positive straight leg raising. There was noted to be prior healed incisions. Recommendations at that time given the claimant's continued clinical findings were for a neurological consultation, a rheumatology consultation, "refill of medications", and a one-month follow-up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill for unspecified medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 1.

Decision rationale: The Chronic Pain Guidelines indicate that the roles of medications are indicated on a case-by-case basis depending upon clinical indication and the medication being prescribed. Unfortunately, the records do not indicate which "refill of medications" is specifically being considered. The lack of the above documentation would obviously fail to necessitate the role of the medication refill request.