

Case Number:	CM13-0054274		
Date Assigned:	12/30/2013	Date of Injury:	08/27/1991
Decision Date:	04/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 Family Medicine and is licensed to practice in Arizona. 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 60 year old male with date of injury on 8/27/1991. Patient has diagnoses of unspecified disorder of the back, thoracic/lumbosacral neuritis/radiculitis, and long term use of medications. Patient has ongoing back pain, and also a history of anemia and prostate cancer. Patient is on a medication regimen of Oxycontin, Oxycodone, Cymbalta, Flexeril, Lupron, and Casodex. Subjective complaints show a significant flare in back and leg pain after getting out of bed. Pain is rated at 8/10. Physical exam shows that lumbar range of motion is severely restricted, and there is tenderness over lumbar facets and lumbosacral junction. Patient has a history of lumbar fusion in 1993 and 1996.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management RFA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure.

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 Physician Reviewer's decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. This patient is on chronic opioid therapy which requires ongoing monitoring to assess for efficacy, and to maintain opioid compliance standards. Therefore, the request for pharmacological management is medically necessary.