

<b>Case Number:</b>	CM13-0054415		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 65-year-old male who reported an injury on 04/01/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with trigeminal neuralgia on the left, polymyalgia rheumatica, bilateral carpal tunnel syndrome, lumbar spine herniated nucleus pulposus, and severely decreased vision in the left eye. The patient was seen by [REDACTED] on 08/08/2013. The patient reported ongoing pain in the lumbar spine and bilateral upper extremities. Physical examination revealed tenderness to palpation with positive Phalen's testing bilaterally. Treatment recommendations included continuation of current medication including gabapentin, Immunicare, Omeprazole, and tramadol, as well as a consultation with an orthopedic surgeon, pain management, neurologists, and optometrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination on the requesting date of 08/08/2013, only revealed tenderness to palpation along the paralumbar muscles and positive Phalen's testing bilaterally. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no indication of an exhaustion of conservative treatment prior to the request for a specialty consultation. The medical necessity for the requested referral has not been established. As such, the request is non-certified.

**Optometry consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination on the requesting date of 08/08/2013, only revealed tenderness to palpation along the paralumbar muscles and positive Phalen's testing bilaterally. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no indication of an exhaustion of conservative treatment prior to the request for a specialty consultation. The medical necessity for the requested referral has not been established. As such, the request is non-certified.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination on the requesting date of 08/08/2013, only revealed tenderness to palpation along the paralumbar muscles and positive Phalen's testing bilaterally. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no indication of an exhaustion of conservative treatment prior to the request for a specialty consultation. The medical necessity for the requested referral has not been established. As such, the request is non-certified.

**Uicare10.15.10mg unit, #60 dispensed on 8/8/2013:** Upheld

**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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

**Decision rationale:** Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. As per the documentation submitted, the patient was given a prescription of Immunicare on 08/08/2013 for nutritional support. However, the patient's physical examination did not reveal any significant musculoskeletal or neurological deficits. There is no indication of nutrient deficiency. The medical necessity of the requested medication has not been established. As such, the request is non-certified.

**Omeprazole 20mg #60 dispensed on 8/8/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. Based on the clinical information received, the patient does not meet criteria for the requested medication. Therefore, the request is non-certified.

**Tramadol 50mg #60 dispensed on 8/8/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient has continued to report persistent pain. Satisfactory response to treatment has not been indicated. There is also no documentation of a failure to respond to nonopioid analgesics. Based on the clinical information received, the request is non-certified.

