

Case Number:	CM13-0058705		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2011
Decision Date:	05/06/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Family Practice 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 60-year-old female who reported an injury on 03/11/2011. The mechanism of injury reported was a slip and fall. Per the clinical note dated 12/23/2013, the injured worker reported decreased neck pain with increased radiation of the pain to her shoulders and both of her arms associated with swelling in both of her shoulders. The injured worker reported minimal numbness and tingling in both of her hands, reported constant bilateral shoulder pain associated with some clicking and popping in both of her shoulders, plus difficulty with overhead use of her arms, which is reported to be worse in the left arm. The injured worker continued to report constant minimal low back pain, which increases with prolonged sitting and walking. The injured worker states that her lower back pain radiates to her buttocks, which continues down both of her legs, associated with some numbness and tingling in her feet only. The injured worker stated that she is currently smoking 2 cigarettes a week and that she really does not want to quit if she continues with this pattern, and the Chantix would probably be of no help if she is not 100% committed to stop smoking. Upon exam, range of motion to the cervical spine was restricted to flexion of 25 degrees, extension of 30 degrees, rotation of 60 degrees, and lateral bending of 20 degrees. There is noted moderate tenderness over the cervical spinous process mainly at the base of the injured worker's neck. There is mild to moderate tenderness in the paraspinal muscles mainly at the base of the neck. There is mild plus tenderness to the right trapezius muscle with mild to moderate tenderness in the left trapezius muscle. There is mild plus tenderness over the nerve roots on both sides of the neck. In the upper extremities, the deep tendon reflexes are unattainable at the biceps, at the brachioradialis, and at the triceps. The range of motion of the lumbar spine is restricted with flexion of 30 degrees, extension of 10 degrees, rotation of 25 degrees, and lateral bending of 15 degrees. There is moderate to severe tenderness over the spinous process with maximum tenderness of the lumbosacral junction. There is noted

mild to moderate tenderness in the paraspinal muscles mainly inferior in location near the sacroiliac joints. There was moderate tenderness in the sacroiliac joints. There was very mild tenderness over the sciatic nerves on both sides bilaterally. The diagnoses listed for the injured worker are degeneration cervical 4 disc, cervical spondylosis without myelopathy, brachial neuritis/radiculitis other, osteoarthritis local primary shoulder, traumatic arthropathy of the shoulder, sprain/strain of the rotator cuff, lumbosacral spondylosis, displaced introvert disc site unspecified, spinal stenosis lumbar region, unspecified, thoracic lumbar neuritis/radiculitis, obesity unspecified, tobacco use disorder. The plan noted in the clinical note stated this examiner will await the outcome of the IMR process in reference to the denied cervical epidural steroid injections and lumbar epidural injections. This examiner will withdraw the request for the referral to [REDACTED] for the Chantix because the patient stated she does not want to be prescribed the Chantix anymore so she will accept the denial. The injured worker was provided with Motrin 800 mg from the office formulary plus she will continue to take Prilosec 20 mg and Xanax 0.25 mg for anxiety that is created substantially by the pain related to the industrial injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO [REDACTED] FOR PROVIDING RX/CHANTIX TO ASSIST IN SMOKING CESSATION: Upheld

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 CHAPTER, OFFICE VISITS

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, Independent Medical Examinations and Consultations, page 163

Decision rationale: The decision for the referral to [REDACTED] for providing a prescription for Chantix to assist in smoking cessation is non-certified. The California MTUS/ACOEM states that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. A consultant is usually requested to act in advisory capacity, but may at sometimes take full responsibility for investigating and/or treatment of a patient within the doctor-patient relationship. Per the documentation provided for review for the clinical note that is dated 12/23/2013, the patient has requested that she will accept the denial for the Chantix for the referral to the doctor, and then the doctor noted that at that time they would withdraw the request for the referral for the Chantix. Therefore, this request is non-certified.