

<b>Case Number:</b>	CM14-0000381		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 claimant is a 50 year old male presenting with chronic pain following a work related injury on 07/19/2012. On 12/02/2013, the claimant complained of upper back pain, low back pain, knee pain radiating to his legs and numbness in both big toes, which was worse on the left. The pain is associated with parathesias in his hands. The claimants rate the pain as 7-8/10 without the pain medications and 5-6/10 with the pain medications. His pain is worse with prolonged activities and alleviated by the medications and changing positions. Electrodiagnostic studies on 9/13/13 showed right C7 radiculitis and mild bilateral carpal tunnel syndrome. According to the medical records, the claimant also has psychiatric problems and is on Lamital, Clonazepam, Latuda, Intermezzo, and Viibyrd. The physical exam revealed decreased range of motion in the right shoulder and right knee, swollen right knee, healed arthroscopic scars in the right knee, breakaway weakness in the right upper extremity and right lower extremity, 1+ for both biceps and triceps, ambulates with a standard cane with an antalgic gait. The enrollee's medication includes Cyclobenzaprine and Hydrocodone. The claimant was diagnosed with right knee pain, neck pain, cervical disc disease, cervical radiculitis, right shoulder pain, partial thickness tear of the right supraspinatus tendon, status post-surgery on 5/20/13, right knee pain status post-surgery 7/31/13, Tinnitus, Low back pain and Thoracic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MEDICATION MANAGEMENT APPOINTMENTS, ONCE A MONTH FOR 6 MONTHS:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Consultation Section, pages 92 and 127.

**Decision rationale:** Six (6) medication management appointments 1x month for 6 months is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the medical condition as outlined above, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines for the states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. Finally the claimant has been on long term opioids and muscle relaxants with lack of improved function, the medications for which management is not required; therefore, the requested service is not medically necessary.