

Case Number:	CM14-0004816		
Date Assigned:	01/24/2014	Date of Injury:	04/12/2010
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Internal Medicine, 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 47-year-old male who reported an injury on 04/12/2010 due to a fall. The injured worker reportedly sustained an injury to his low back and left knee. The injured worker's treatment history included injections, physical therapy, medications, and a home exercise program. The injured worker was evaluated on 11/22/2013. It was documented that the injured worker complained of left hand and thumb pain, low back pain, and bilateral knee pain. Physical findings included diffuse tenderness to palpation of the left thumb, tenderness to palpation of the lumbosacral midline and bilateral paraspinal musculature, and tenderness to palpation in the medial and lateral joint lines of the right knee and left knee. The injured worker's diagnoses included left thumb status post tuft fracture, left knee sprain/strain, lumbosacral chronic sprain/strain, and stress, anxiety, and depression. The injured worker's treatment plan included referral to a pain management specialist for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGICAL MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested PHARMACOLOGICAL MANAGEMENT is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends pharmacological management for injured workers who have been on opioid therapy for longer than 3 months and require ongoing medication to treat chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been injured for an extended duration. However, there is no documentation of medication usage. Therefore, there is no way to determine the need for pharmacological management. There was no justification provided to support a referral for pharmacological management beyond what can be provided by the treating physician. As such, the requested PHARMACOLOGICAL MANAGEMENT is not medically necessary or appropriate.