

Case Number:	CM14-0009837		
Date Assigned:	02/21/2014	Date of Injury:	07/08/2010
Decision Date:	07/28/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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 Emergency 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 patient is a male with reported date of injury on 7/8/2010. The mechanism of injury was not provided. The patient has a diagnosis of complicated headaches, chronic myofascial pain syndrome, mild bilateral cervical radiculopathy, moderate right carpal tunnel syndrome, right lateral epicondylitis, anxiety and depression. Multiple medical records from primary treating physician and consultants reviewed. The patient reports low mood and fatigue, anxious with headaches and stomachaches, neck and back pains and pain was rated a 2/10. The reports mention that the patient has complex vascular headaches that are controlled with medications. He has cervical and thoracolumbar pain that is well treated with trigger point injection. He has carpal tunnel and epicondylitis with little pain. The objective exam reveals anxiety. Physical exam shows generalized decreased range of motion (ROM) of spine, generalized weakness in both upper extremities, tenderness in cervical and lumbar paraspinal area along with both elbow epicondyles. The patient is reportedly on Tramadol, Topiramate, Naproxen and Cyclobenzaprine. The patient is also on psychiatric medications although a full list is not provided. These meds include Fluoxetine, Trazadone and another medication that is not eligible (hand written). Sub rosa (covert) video surveillance report on 12/19/13 showed no pain or deficiencies during surveillance period. The patient was noted to not be moving with any pain and was not depressed or withdrawn. The utilization review is for pharmacologic management visit (1/17/14-3/3/14). Prior UR on 1/20/14 recommended non certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PHARMACOLOGIC MANAGEMENT VISIT BETWEEN 1/17/2014 AND 3/3/2014:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

Decision rationale: As per ACOEM guidelines, a referral to a specialist may be considered under certain circumstances that may aid in patient's recovery. There is no documentation of why a pharmacologic management visit was requested. The patient's pain and psychiatric illness was well managed on stable medications. The sub rosa video review also supports no significant pain or psychological deficits. There are no concerns for overuse or cross reactions. Urine drug screen was negative. The request for pharmacologic management visit is not medically necessary.