

Case Number:	CM14-0105146		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2013
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 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 35-year-old female with a reported date of injury on 05/10/2013. The mechanism of injury was due to repetitive trauma while performing normal job duties. The injured worker's diagnoses consisted of cervical spine displacement and discopathy with displacement and right carpal tunnel syndrome. The injured worker has had previous treatments of physical therapy, acupuncture, and anti-inflammatories. The injured worker had an examination on 05/22/2014 for complaints of mild pain at the right wrist and complaints of pain of the cervical spine. On examination, there was tenderness over the peripheral cervical spine paraspinals. She does have decreased range of motion due to the pain of the right wrist. She does have a positive Tinel's and positive Phalen's, which was consistent with carpal tunnel syndrome. She rated her pain at 2/10. The provider noted there was weakness present upon physical examination. Her list of medications consisted of capsaicin cream and flurbiprofen. There was no other list of medications, and the efficacy was not provided. The recommended plan of treatment was for the injured worker to continue her medications and to follow-up with an ENT consult regarding ear pain. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for a pain management specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The efficacy of the injured worker's medication is not provided, nor is it clear as to frequency and duration. It is not indicated when the injured worker was last seen by a physician. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the referral for the pain management specialist is not medically necessary.