

<b>Case Number:</b>	CM14-0107895		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/06/1989
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and Rehabilitation 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 52-year-old male who has submitted a claim for unspecified drug dependence associated with an industrial injury date of April 6, 1989. Medical records from 2014 were reviewed, which showed that the patient complained of chronic pain in the neck and bilateral shoulders. Physical examination revealed a limited ROM in the shoulders. MRI of the neck showed reversal of normal cervical lordosis with mild canal stenosis at multiple levels. There was moderate to severe foraminal stenosis from C3 all the way down to T1. Treatment to date has included reverse right shoulder arthroplasty and analgesic medications. Utilization review from June 24, 2014 denied the request for Pain management consult and treat for narcotic use because the request for narcotic use is contingent upon the advise of the approved pain management consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult and treat for narcotic use:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Evaluation and Management (E & M)

**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 (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient complained of worsening pain in the left shoulder. Patient had been prescribed Oxycodone 10 mg and upon discussion, the provider noted, "he does not take the pain medication that frequently; however he obviously is on large doses of narcotics that he has been taking for many years." For this, a pain management physician was consulted for ongoing treatment and management of narcotic pain usage. This request should not be understood as that the provider is requesting for narcotics; there was no mention of the name, dose and quantity of narcotics to be used. The provider requested only for the consult. The consult being requested may help provide light in terms of the management of the patient's pain and possibly the decision in terms of the adequate amount of narcotics that the patient should have. Therefore, the request for Pain management consult and treat for narcotic use is medically necessary.