

Case Number:	CM14-0109835		
Date Assigned:	08/01/2014	Date of Injury:	06/26/2003
Decision Date:	09/19/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 & 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 injured worker is a 63-year-old male with a reported injury on 06/26/2003. The mechanism of injury was due to cumulative trauma. His diagnoses included pain in joint of the shoulder region, degenerative lumbosacral intervertebral disc, cervicgia, lumbago, and thoracolumbosacral radiculitis, spasms of the muscles and unspecified myalgia and myositis. The injured worker has had previous treatments of epidural steroid injections, physical therapy, aqua therapy, the use of an H-wave, cognitive behavioral and psychotherapy. The injured worker has had an examination on 05/15/2014, with complaints of chronic low back pain going down to his right buttocks and his left side of his leg and foot. He rated his pain at a level of a 5/10. He also continued to complain of neck and right shoulder pain with tingling noted down to his hand. He denied any side effects from his medications. Upon physical examination, it was noted that he was walking with a cane. The medication list consisted of Nucynta, Pramlev, he has had a trial of previous medications of Zanaflex, Lyrica, Celebrex, MS Continent and Norco that have failed. He reported that the use of the Nucynta has worked well. The recommended plan of treatment was for him to renew his medications and to continue medical management program. The Request for Authorization form 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:

Medication management 1 x per 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 American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, office visit.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend evaluation and management of outpatient visits to aid in the proper diagnosis and return of function of an injured worker. The determination is based on what medications the patient is taking that require close monitoring. The Official Disability Guidelines recommend up to a total of 6 visits of outpatients for established patients. The injured worker already has diagnoses and the medication has proved to show some improvement for the injured worker. The request does not specify which medication is needing to be managed and it does not give enough evidence to support the medical necessity of medication management once a month for 6 months. Therefore, the request for the medication management 1 time a month for 6 months is not medically necessary.