

Case Number:	CM14-0014041		
Date Assigned:	03/07/2014	Date of Injury:	02/21/2013
Decision Date:	05/28/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Interventional Spine, 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 34-year-old male with a date of injury of 02/21/2013. The listed diagnoses are post traumatic syndrome, low back syndrome, shoulder arthralgia, and elbow arthralgia. On 02/21/2013, the patient sustained 3rd degree burns to forearms, hands and left parietal area in an explosion. According to report dated 12/22/2013 by [REDACTED], the patient presents with low back, left shoulder, and bilateral elbow complaints. The patient also continues to have severe issues with anxiety and panic attacks. The patient is being treated by his primary care physician, plastic surgeon regarding scar treatment, pain management specialist and psychologist. The recommendation is for pharmacology management.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGY MANAGEMENT TO INCLUDE PRESCRIBED MEDICATION:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examination (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

Decision rationale: This patient presents with post traumatic syndrome, low back syndrome, shoulder arthralgia and elbow arthralgia. The request is for pharmacology management. The ACOEM guidelines has the following: "the occupational 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." The ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient is already being treated by multiple specialists that have all been prescribing their own recommended medication regimen. The treating provider does not explain what more is to be accomplished "pharmacology management," and what specifically this referral is all about. The physicians prescribing the medications are responsible for managing "pharmacology" including side effects, education and obtaining appropriate labs. The recommendation is for denial.