

Case Number:	CM14-0020309		
Date Assigned:	04/25/2014	Date of Injury:	09/02/2010
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Pain Medicine and is licensed to practice in Texas. 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 60-year-old female who sustained an injury to her neck on 09/02/10. The mechanism of injury was not documented. A clinical note dated 02/27/14 reported that the injured worker complained of constant pain in the neck and rated pain at 7-8/10 on the Visual Analogue Scale. The spasms are reported at a frequency of least once a week in the neck. The injured also complained of frequent numbness and tingling. Gabapentin helps decrease the intensity or frequency of the condition. She is currently not working and is retired. She manages her chores, but stated the pain does affect her sleep by waking her up. The injured admitted to feeling depressed due to chronic pain decreasing her ability to complete tasks. The injured worker sees her primary care physician every two months. She is also on Remeron, Trazodone and utilizes hot/cold modalities for pain as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT MONTHLY QTY:6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND EDITION, CHAPTER 7, PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: The Official Disability Guidelines (ODG) states that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicine such as opiates or medicines such a certain antibiotics require close monitoring. Given that the employee only visits their primary care provider every other month; medical necessity of the request for six medication management visits has not been established. The request for six medication management monthly is not medically necessary and appropriate.