

<b>Case Number:</b>	CM14-0057635		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Internal Medicine 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:

This case involves a male injured worker who sustained an industrial injury on 10/18/2011 when he was opening a trailer door, causing the door to hit him. Prior medication history included Lamictal, ibuprofen, Gabapentin, Omeprazole, Docusate and MiraLax. He has been treated conservatively with physical therapy, home exercise program, CPAP, and behavioral therapy. Toxicology report dated 01/13/2014 detected positive results for Zolpidem. On note dated 05/22/2014, the patient presented with symptoms of upper digestive tract disease for which use of medication on a regular basis is required to control symptoms. He was recommended to follow up with a specialist regarding the efficacy of his medications. Progress report dated 06/30/2014, indicates the patient presented with complaints of headaches as well as pain in the left knee. On exam, there was decreased sensation in the bilateral fingertips. There was hypersensitivity noted in the right temporal region to light touch. Diagnostic impressions are depression, anxiety, headaches, left knee pain and sleep apnea. Prior utilization review dated 04/07/2014, states the request for Pharmacological management to monitor medications is non-certified as there is a lack of documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacological management to monitor medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**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, Independent Medical Examinations And Consultations Other Medical Treatment Guideline or Medical Evidence:  
[http://www.pharmacist.com/sites/default/files/files/core\\_elements\\_of\\_an\\_mtm\\_practice.pdf](http://www.pharmacist.com/sites/default/files/files/core_elements_of_an_mtm_practice.pdf)

**Decision rationale:** The guidelines recommend chronic pharmacological pain programs when there is access to programs with proven successful outcomes. There should be documentation of a complete diagnostic evaluation along with a detailed treatment plan prior to initiating such a program. The clinical documents provided did not discuss the pharmacological program and prior outcomes of the program. There was an inadequate discussion of the patient's history. It is unclear what treatment plan has been coordinated and what role the pharmacological monitoring would take. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.