

<b>Case Number:</b>	CM14-0072601		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 29, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier left shoulder surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated April 21, 2014, the claims administrator approved a request for Naprosyn, approved a request for Prilosec, and denied a request for pain management consultation, citing non-MTUS Colorado Guidelines, despite the fact that the MTUS did address the topic. In a progress note dated April 4, 2014, the applicant reported multifocal neck and shoulder pain. The applicant did not appear to be working with limitations in place. The applicant had a variety of issues associated with chronic hand pain, facial pain status post facial trauma, neck pain, and shoulder pain status post earlier shoulder surgery. Naprosyn, Prilosec, and a pain management evaluation were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State Of Colorado Department Of Labor And Employment. Pg. 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine a specialist evaluation is necessary. In this case, the applicant does have persistent multifocal pain complaints. The applicant is off work. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, is therefore indicated. Accordingly, the request is medically necessary.