

<b>Case Number:</b>	CM14-0092729		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 34-year-old female who reported an injury on 09/17/2012. The mechanism of injury was not provided. Prior treatments included physical therapy. The surgical history, medications and diagnostic studies were not provided. The documentation of 06/06/2014 revealed the injured worker had cervical pain, headaches, thoracic pain, lumbar pain, hip pain, brachial neuritis, and sciatica. The treatment plan included a cervical lumbar MRI, evaluation and treatment for pain medication and management. The documentation indicated the initial request was on 05/31/2014. The original request and physical examination were not submitted for review. There was a DWC Form RFA for pain medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Medication Management Evaluation, RFA 6-6-14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review failed to indicate the injured worker was taking over-the-counter NSAIDs or had a trial and failure of over-the-counter NSAIDs. There was a lack of documentation of the medications the injured worker was utilizing. There was a lack of documentation of an objective physical examination and documentation of the injured worker's pain on a VAS to support the necessity for a medication management evaluation. Given the above, the request for pain medication management evaluation is not medically necessary.

**Pain Medication Management Treatment (Unspecified) RFA 6/6/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.