

Case Number:	CM14-0094859		
Date Assigned:	07/25/2014	Date of Injury:	11/04/2009
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 Pain Management and Rehabilitation, 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 injured worker is a 49 year old man who sustained a work related injury on 11/4/2009. He injured his low back and shoulder. He eventually received a lumbar fusion. Injured worker has been treated with physical therapy, and medications. Medications include Flexeril, Cidaflex, Tramadol, Ketofen ointment and Anaprox DS. Diagnoses: 1.Lumbar radiculopathy. 2.Right shoulder strain/sprain s/p surgery. 3.Right shoulder pain. 4.Chronic pain syndrome. 5.Insomnia. 6.Myofascial syndrome. 7.Neuropathic pain. Request is for a [REDACTED] consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] program consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse and addiction Page(s): 84-86.

Decision rationale: Request is review for a [REDACTED] program consultation. The [REDACTED] program is a program the primary treating physician created for treatment of opioid addiction. There is nothing in the medical records indicating opioid dependence or misuse. The requesting

physician states that he is requesting a consult from himself so that he can justify a [REDACTED] program using the MTUS. For IMR purposes, the MTUS guidelines need to be fulfilled before the consult is requested. The request for a [REDACTED] program consultation does not fulfill the criteria for an opioid detoxification program. The request for [REDACTED] program Consultation is not medically necessary.