

<b>Case Number:</b>	CM14-0103554		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 45 year old male, who sustained an industrial-work injury on 3-11-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, psychogenic pain, depression, lumbar degenerative disc disease (DDD), cervical disc displacement and post laminectomy syndrome. Medical records dated 5-7-14 indicate that the injured worker complains of chronic low back pain that radiates to the bilateral lower extremities (BLE). He also has a spinal cord stimulator that alleviates pain. He also states that the pain is alleviated with medications. The pain is rated 6 out of 10 on the pain scale and decreased by 20 percent with use of medications. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 5-13-14 the work status is permanent and stationary. The physical exam dated 5-7-14 reveals that the injured worker has antalgic gait, he is in pain, patient has suicidal ideation but denies intent, and he is tearful. The physician indicates that a psychologist spoke with the injured worker. The physician also indicates that the injured worker continues to complain of pain and is significantly disabled. He notes that the spinal cord stimulator and the medications only take the edge off of the pain. He feels that he is in pain constantly. The injured worker was counseled on taking his medications as prescribed. Treatment to date has included pain medication, spinal cord stimulator, diagnostics, physical therapy, rest, work modifications and other modalities. The current medications include Flexeril, Gabapentin, Hydrocodonebit-apap, Naproxen, Protonix, Prozac, Morphine sulfate, and Trazadone. The request for authorization date was 5-20-14 and requested service included 3 Medication management sessions. The original Utilization review

dated 6-3-14 modified the request for 3 Medication management sessions modified to 1 medication management session.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**3 Medication management sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office visits--pain.

**Decision rationale:** The request is considered not medically necessary as stated. MTUS guidelines do not address the use of medication management sessions. ODG guidelines were used regarding office visits for pain. There is no specific guidelines for medication management sessions. Office visits are recommended but need to be "individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." "The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." One medicine management class would be indicated and assessment of the need for additional classes could be determined after. Therefore, the request is considered not medically necessary.