

<b>Case Number:</b>	CM14-0186450		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/12/2001
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family 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 62 year old male injured worker suffered an industrial accident on 9/2/2001 when a scraper he was operating catapulted him to the ground which resulted in chronic neck pain and degenerative disc disease in the cervical spine. Treatments that he received were chiropractic, physical therapy, medications and transcutaneous electrical nerve stimulator (TENS) unit. The injured worker was currently taking Norco and Flexeril which had enabled him to participate in leisure activities by lowering the pain by 50%. The request was for medication management sessions without any quantity listed, The UR decision on 10/6/2014 modified the request for authorization of one session. The patient has had urine drug screens that were consistent for Norco. Per the doctor's note dated 11/04/14 patient had complaints of neck pain at 4-8/10 and that was decreased to 2-4/10 with Norco. Physical examination revealed minimally decreased bilateral rotation and moderately decreased side bending in the cervical spine as well as hypertonicity of the cervical paraspinal musculature. The medication list includes Flexeril, Hydrocodone and Lorazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown session of medication management:** 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 Regarding Opioids, Long Term Assessment Page(s): 79. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and Consultations

**Decision rationale:** As per cited guideline "Recommended Frequency of Visits While in the Trial Phase (first 6 months):(a) Every 2 weeks for the first 2 to 4 months(b) Then at approximate 1 1/2 to 2-month intervals."Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Any evidence of diagnosis is uncertain or extremely complex was not specified in the records provided. Any evidence that the patient has any surgical indications is not specified in the records provided. Presence of any psychosocial factors was not specified in the records provided. A periodic follow up with the treating provider for medication management is deemed medically appropriate.However, the number and interval of the requested sessions of medication management was not specified in the records provided. The medical necessity of the request for Unknown session of medication management is not fully established in this patient. Therefore, the request is not medically necessary and appropriate.