

Case Number:	CM14-0190320		
Date Assigned:	11/21/2014	Date of Injury:	08/25/2011
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 46-year-old male with an 8/25/11 date of injury. According to a pain management report dated 10/6/14, the patient complained of his progressively worsening painful condition with frequent breakthrough pain in between his current medication regimen. He rated the intensity of his symptoms up to an 8-9/10 at its worst in his neck, shoulder, and back of his head, as well as a 6-7/10 in his low back region. His medication regimen consisted of tramadol, Xanax, Protonix, and Neurontin. The provider has recommended the long-acting pain medication, Butrans. Objective findings: severe tenderness to palpation over the C5-6 and C6-7 cervical interspaces, limited range of motion of cervical spine with guarding, tenderness over the bilateral temple and occipital region, diffuse tenderness over the L4-5 and L5-S1, diminished sensation over the left C6 nerve distribution, limited range of motion of lumbar spine. Diagnostic impression: cervical sprain/strain, thoracic sprain/strain, lumbosacral sprain/strain, cervical radiculopathy, multilevel cervical disc protrusion, bilateral plantar fasciitis, and left shoulder sprain/strain. Treatment to date: medication management, activity modification, and cervical ESI. A UR decision dated 10/30/14 denied the request for continued pain management. There are no pain management reports submitted for clinical review. Without documentation of prior pain management care and plan for ongoing care including medications prescribed that would need monitoring, medical necessity of the request is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued pain management with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. 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. In the present case, the patient is noted to have severe pain symptoms, despite his current medication regimen. The provider has recommended the addition of the opioid medication, Butrans patches, which requires ongoing monitoring for efficacy and proper medication use. Therefore, the request for Continued Pain Management with [REDACTED] was medically necessary.