

<b>Case Number:</b>	CM14-0198593		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 69 year old female was a teacher when she sustained an injury on April 3, 1998. The mechanism of injury was not included in the provided medical records. Past treatment included medications and psychotherapy. On October 9, 2014, the treating physician noted continuing neck pain with radiation to the bilateral upper extremities. The pain was rated 7 on VAS (visual analogue scale) without medications and decreases to 5 with medications. In addition, the injured worker had continuing lower back pain with radiation to the bilateral lower extremities posteriorly. The pain was rated 10 on VAS (visual analogue scale) without medications and decreases to 7 with medications. Current medications included a muscle relaxant and pain medications. The physical exam revealed a normal gait, normal heel-toe swing-through gait, and no weakness walking on the toes or heels. There was no tenderness to palpation of the paravertebral muscles of the lumbar spine bilaterally. There was no tenderness over the sacroiliac joints, sciatic notches, bilateral flanks, and the coccyx. Sensation was intact to the bilateral lower extremities. The lumbar range of motion was mildly decreased with flexion and right lateral bend and moderately decreased with extension and left lateral bend. There was pain with extension and left lateral bend. Motor power was normal, except for a mild decrease of the ankle dorsiflexion and extensor hallucis longus. The left lower extremity straight leg raise was positive. Diagnoses were left cervical radiculopathy, left leg radiculopathy, and status post L4-5 fusion. Other diagnoses included adjustment disorders with mixed anxiety and depressed mood and psychological factors affecting medical condition. The treatment plan included a pain management consult and left sided selective nerve root injection, and resuming psychotherapy,

which the injured worker found helpful in controlling chronic pain, anxiety, and depression; continuing the current muscle relaxant and pain medication, and ongoing pain management care for medications management. The injured worker was not working and was permanent and stationary. On November 6, 2014, Utilization Review non-certified the request for pain management care for medications management requested on October 30, 2014. The pain management care was non-certified based on a previous recommendation to discontinue the medications and as such the request was not medically necessary. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

**Pain management care for medication management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Pain, Chronic Pain Programs

**Decision rationale:** MTUS states, Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. ODG states concerning chronic pain programs (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. While the treating physician does document the use of opioids, the treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet all six MTUS criteria for a chronic pain management program. As such the request for Pain management care for medication management is not medically necessary.