

Case Number:	CM14-0209870		
Date Assigned:	12/22/2014	Date of Injury:	06/12/2006
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 57 year old male was injured on 06/12/2006 while being employed. On physician visit on 11/17/2014 he complained of chronic neck and low back pain. On examination gait was noted to be antalgic using a single point cane for stability and neck was supple with trachea midline, no spine assessment was noted. Per documentation the injured worker was interested in having intrathecal pump catheter and pump removed. Medication regimen was noted as Opana ER, Percocet, and pump refill medications for daily pain pump. His diagnoses were noted as chronic neck pain and chronic low back pain. Treatment plan included titrating down his intrathecal pump and a referral for consultation for Suboxone and addiction treatment. He was noted to be retired and disabled. The Utilization Review dated 12/09/2014 non-certified the request for Pain Management Consultation for Suboxone and Addiction Treatment as not medically necessary . The reviewing physician referred to CA MTUS ACOEM Guidelines for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for suboxone and addiction treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations

Decision rationale: The claimant has a remote history of a work-related injury occurring in 2006. He is taking opioid medications and has an intrathecal opioid pump. He continues to be treated for chronic pain. When seen by the requesting provider, he reported having done relatively well when taking Methadone. The plan references consideration of significant adjustments in his medications and opioid pump management. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant's oral and intrathecal medications are being adjusted and use of Methadone is planned. Prescribing Methadone carries unique risks and its use would be further complicated in this case by the claimant's current medications. Therefore, the requested consultation is medically necessary.