

Case Number:	CM14-0216774		
Date Assigned:	01/06/2015	Date of Injury:	10/20/2011
Decision Date:	05/01/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/26/2014

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 46 year old male who sustained a work related injury October 20, 2011. Past surgical history included L4-5 lumbar discectomy and laminectomy. According to a qualified medical examination performed October 6, 2014, the injured worker had an MRI of the left shoulder (not present in medical record), covered under social security disability, which revealed a rotator cuff tear and osteoarthritis. Documentation further reveals a seizure disorder possibly from medication withdrawal, and past treatment since August 2013, with pain management physicians. The evaluating physician recommends a repeat MRI for the lumbar spine, second opinion evaluation with a qualified spine surgeon, and evaluation by neurologist. Work status at this time was documented as permanent and stationary. According to a primary treating physician's report dated October 31, 2014, the injured worker presented with complaints of back pain with radiation down the left leg, right lower extremity pain, lower backache and left shoulder pain. The pain is documented as 7.5/10 a decrease from last visit with no change in the pains location. Also there are complaints of constipation, left shoulder joint stiffness, and limb pain and muscle spasms. He is taking medications as prescribed and exercising in the form of walking 3 days a week for 60 minutes. Physical examinations of the cervical and thoracic spine are within normal limits. Examination of the lumbar spine reveals range of motion restricted with flexion to 45 degrees and extension to 15 degrees due to pain. There is tenderness noted over the sacroiliac spine on both sides. The injured worker had left shoulder surgery one week ago, not described. Inspection of the left shoulder reveals no swelling, deformity, joint asymmetry or atrophy. There is tenderness noted on palpation in the biceps groove, coracoid process, and

glenohumeral joint. Diagnoses are documented as post-laminectomy syndrome of the lumbar region; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; localized primary osteoarthritis of shoulder and myofascial pain syndrome. Treatment plan included discussion of opioid prescriptions/compliance/addiction, education on Methadone, urine drug screening review. The treating physician documents further the injured worker has been discharged from his care as he has violated the pain contract and has received medications from multiple providers. Laboratory reports continue to indicate positive results for substance abuse. Medications include Methadone HCL in decreasing dosage; Soma, Percocet, and Valium. Work status is documented as remain off work and return to clinic in 4 weeks. There is no x-ray or MRI reports present in medical record and laboratory screening results are available for May 15, 2014 only. There is no record of recent surgery or post-operative treatment performed present in the medical record. According to utilization review performed December 16, 2014, the request for transfer of care to Pain Management is non-certified. ACOEM Guidelines allow for consultation with a specialist when the treating provider has exhausted treatment in his field or when a patient does not respond as expected to prescribed treatments. The provider has not documented prior conservative treatment or the medical necessity/rationale for transfer of care to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of care to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87, 89, 125, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to specialists for additional care when the medical condition is complex or additional expertise is necessary for the care of the patient. The guidelines recommend that opioids can be utilized for short term treatment of exacerbation of severe musculoskeletal pain. The records show that the patient was being treated for chronic musculoskeletal pain. There was limited objective and radiological findings which did not support a severity of pain that required chronic opioid medications. The records showed that the patient failed opioid compliance measures by obtaining opioid medications from several providers concurrently. There were documentations of aberrant medication behaviors. The guidelines recommend weaning and discontinuation of opioids medication in non compliant patients not transfer of care to Pain Specialists. The criteria for the request to transfer care to Pain Management was not met.