

Case Number:	CM14-0095510		
Date Assigned:	07/25/2014	Date of Injury:	01/04/2006
Decision Date:	01/27/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 40 year old male with the injury date of 01/04/06. Per physician's report 05/30/14, the patient has neck pain, radiating down her shoulders bilaterally at 8/10. The patient had cervical fusion at C4-C6 and 2 shoulder surgeries, Cortisone injections to shoulders and injections to the neck. "The patient had used a long-acting medications including Fentanyl patch, Oxycontin, MS contin and Methadone." The patient is taking Ambien, Dilaudid, Norco and Robaxin. The diagnosis is cervical disc degeneration. Per 04/30/14 progress report, the patient has neck pain at 6-7/10. The patient states that medications "provide significant degree of pain relief and allow him to be more functionally active with his family." The patient is taking Ambien, Dilaudid, Norco and Tizanidine. The 02/07/14 progress report indicates that the patient had urine drug screening on 04/14/13 with consistent result. The utilization review letter 06/09/14 partially certified 3 office visits for pain medication, stating "monthly office visits are medically necessary, in particular use of Dilaudid. Certification of 3 months office visits. " Treatment reports were provided from 01/10/14 to 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) office visits for pain medication: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examination and Consultations, page 127

Decision rationale: The patient presents with pain in his neck and shoulders bilaterally. The patient is s/p neck fusion and shoulder surgeries. The patient is currently taking Ambien, Dilaudid, Norco and Robaxin. The review of reports indicates that this patient has been on quite a bit of opioids. The request is for Six (6) office visits for pain medication. The request of 6 office visits was modified to 3 office visits by utilization review letter dated 06/09/14, stating "monthly office visits are medically necessary, in particular use of Dilaudid. ACOEM chapter 12 discusses follow up visits and states that "patients with potentially work-related neck or upper back complaints should have follow-up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." Therefore, the 6 monthly medication management visits should be allowed. The request of 6 office visits is medically necessary.