

<b>Case Number:</b>	CM15-0007178		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old male, who sustained an industrial injury on 4/24/2012. Documentation of initial injury was not available. Treatment to date has included steroid injection, physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) use and life style modifications. Magnetic Resonance Imaging (MRI) and electromyogram studies were completed 7/6/12 and 11/25/13, respectively. Currently, the IW complains of lower back pain radiating to bilateral lower extremities rated 8/10 VAS without medications and rated 7/10 with medications. Physical examination 11/25/14, documented significant antalgic gait, tenderness of lumbosacral junction, decreased sensation of left S1 and right L5 distribution, and significantly decreased Range of Motion (ROM) of spine. Diagnoses included L5-S1 degenerative disc disease with stenosis, facet arthropathy L4-S1, lumbar radiculopathy and cervical radiculopathy. On 12/19/2014 Utilization Review non-certified medication management, noting the quantity, duration, and frequency for treatment was not documented. The MTUS Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),  
Independent medical examination and consultations. Ch:7

**Decision rationale:** Per the 11/25/14 report by [REDACTED], the patient presents with lower back pain radiating to the bilateral lower extremities. The current request is for MEDICATION MANAGEMENT per the 11/25/14 report. The RFA is not included. The patient is Temporarily Totally Disabled until 01/06/15. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Medications are listed on 11/25/14 as: Celebrex, Prilosec, Colace, Norco, Nucynta, Aspirin, and Lisinopril. This report states, "Request authorization for ongoing pain management care for medication management." In this case, multiple medications including opioids are documented as prescribed for this patient. Guidelines support referral to the expertise of other specialists when it may help the physician provide an appropriate course of care. The request IS medically necessary.