

<b>Case Number:</b>	CM15-0008631		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, 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 47 year old female, who sustained an industrial injury on 11/28/2012. The diagnoses have included chronic left hand pain with left wrist sprain, chronic right hand pain with right wrist sprain, chronic bilateral upper extremity pain, chronic cervical myofascial and thoracic pain, chronic lumbar back pain, chronic polyarthralgias in the lower extremities, and chronic left temporomandibular joint syndrome. Noted treatments to date have included medications. Diagnostics to date have included lumbar MRI on 06/04/2013 which showed L1-L2 disc protrusion and L5-S1 disc protrusion. In a progress note dated 11/11/2014, the injured worker presented with complaints of headaches, jaw pain, neck and upper and lower back pain, and pain in both hands. The treating physician reported pain relief and improved functioning from the Norco taken for pain and without significant side effects. Utilization Review determination on 12/30/2014 non-certified the request for 1 Pain Management Consultation citing Non-Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter

**Decision rationale:** With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. The patient in this case continues to suffer from chronic pain despite the use of narcotic pain medications and adjuvant medications such as anti-depressants (Cymbalta). Given the timing of the chronic pain and the need for monitoring of 4 domains of opioid maintenance, it is reasonable to offer a pain management consultation at this juncture.