

<b>Case Number:</b>	CM15-0101019		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/20/2007
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and back pain reportedly associated with an industrial injury of March 20, 2007. In a utilization review report dated May 20, 2015, the claims administrator failed to approve a request for a pain management referral/second opinion consultation. An RFA form and progress note on May 19, 2015 and May 18, 2015 were referenced in the determination. The full text of the UR decision was not attached to the application. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of low back pain status post routine epidural steroid injection therapy. The applicant was using four tablets of Norco daily, it was reported. The applicant was apparently working. Multifocal complaints of neck, low back, and shoulder pain were reported. At one point, it was stated that the applicant was using 10 Norco a day. The applicant was asked to obtain a second opinion pain management consultation owing to his heavy opioid requirements. The attending provider acknowledged that the applicant was a heavier, larger individual who might require higher doses of opioids than was customary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management referral (Second opinion):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the request for a pain management referral to obtain a second opinion was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant was using anywhere between 5 and 10 tablets of Norco daily. The applicant's primary prescriber stated that he was somewhat uncomfortable continuing to prescribe such a high dose of Norco. Obtaining the added expertise of another pain management provider to help in determining an optimum opioid regimen was, thus, indicated. Therefore, the request was medically necessary.