

<b>Case Number:</b>	CM15-0132676		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/18/2000
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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, Hawaii

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 55 year old male, who sustained an industrial injury on December 18, 2000, incurring low back injuries. He was diagnosed with backache and arthritis. Treatment included narcotics, methadone, muscle relaxants, topical analgesic patches, anti-inflammatory drugs, proton pump inhibitor, and pain management. Currently, the injured worker complained of persistent low back pain radiating to the left foot, left thigh and right thigh. After the injured worker was weaned from narcotics, his functional capacity greatly declined. The treatment plan that was requested for authorization included four consultations with a pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 Consultations with pain management specialist: 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, 04/27/2007, pg. 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127.

**Decision rationale:** The patient presents with persistent low back pain radiating to the left foot, left thigh, and right thigh. The current request is for 4 consultations with pain management specialist. The treating physician states, in a report dated 05/26/15, "OxyContin and methadone have been weaned" [the patient] tells me that since his OxyContin has been weaned 2 months ago his functional capacity has greatly declined, as noted last month, at this point will continue same but reduced dose of OxyContin and methadone, pending assumption of care by pain management specialist next month." (33B) The ACOEM guidelines state "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." In this case, the treating physician notes has weaned OxyContin 80mg from 14 tabs to 12 tabs, has been for 2 months, weaned methadone 10mg from 5 to 4 tabs daily over past month. Functionally: unable to use treadmill, can walk in house only. The treating physician has asked for pain management consultation to address this patient's persistent, chronic pain. Chronic pain is rather complex and can be quite challenging. An attempt to reduce the patient's use of opioids has resulted in a marked decrease in functionality and the treating physician request for a pain management specialist is consistent with the guidelines. The current request is medically necessary.