MAXIMUS Federal Services

Case Number:	CM15-0136245		
Date Assigned:	07/24/2015	Date of Injury:	10/09/2013
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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 51-year-old who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of October 9, 2013. In a utilization review report dated June 24, 2015, the claims administrator partially approved or conditionally approved a request for a medication management consultation. The claims administrator referenced an RFA form received on June 17, 2015 in its determination. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. On August 25, 2014, the applicant's primary treating provider (PTP), a chiropractor, sought authorization for two separate consultations, including medication management consultation. The applicant's work status was not clearly detailed. In a June 25, 2015 progress note, the applicant was placed off of work, on total temporary disability. Norco and tramadol were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for medications: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 consultation for medications 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's primary treating provider (PTP), a chiropractor, was likely uncomfortable addressing issues associated with medication management. Obtaining the added expertise of a physician (MD) was, thus, indicated to address medication management issues. Therefore, the request was medically necessary.