

Case Number:	CM15-0147305		
Date Assigned:	08/10/2015	Date of Injury:	07/16/2013
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 injured worker is a 64-year-old male, who sustained an industrial injury on 7-16-2013. He reported multiple injured body parts from a ten-foot fall off a ladder incurring fractures of multiple ribs, right distal ulna and radial fractures, right shoulder tears and right fifth finger. Diagnoses include major depressive disorder, post traumatic stress disorder, alcohol dependence in recovery, multiple injuries and surgeries and chronic pain. Treatments to date include medication management, psychotherapy, and physical therapy. Currently, he complained of no change in irritability. There was reported stable improvement with fluctuating depressions and anxiety, but some days he feels no depression at all. On 6-18-15, the physical examination documented full affect, good eye contact, intact memory and improved attention and concentration. The plan of care included ongoing medication and medical treatment. The appeal requested authorization for medical management six visits per an order written on 7-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management Qty: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Section, Opioids Dosing Section Page(s): 78, 86.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. In this case, in a review dated 6/29/15, the injured worker was authorized medication management once a month for 6 months. It is unclear why another request is being made prior to these 6 visits being utilized. The request for medication management Qty: 6.00 is determined to not be medically necessary.