

Case Number:	CM15-0186590		
Date Assigned:	09/28/2015	Date of Injury:	05/15/2013
Decision Date:	11/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/22/2015

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: Family Practice

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 35 year old male, who sustained an industrial injury on 5-15-13. The injured worker has complaints of neck pain; lower back pain; right shoulder pain; left shouter pain and right small finger pain. There is tender lumbar paraspinal muscles, tender lumbar facets in the bilateral L4-L5, L5-S1 (sacroiliac) region and positive facet loading maneuvers. Lower extremity examination unremarkable, negative straight leg raise bilaterally. Upper extremity examination is decreased, strength 4 out 5 in 1st and 2nd digit opposition as well as 1st and 5th digit opposition on the bilateral hands. The diagnoses have included intervertebral disc disorder with myelopathy, cervical region. Treatment to date has included gabapentin; flexeril; lyrica and home exercise program. The original utilization review (8-21-15) non-certified the request for consultation pain medicine follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation pain medicine follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 503.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Opioids, dealing with misuse & addiction.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of pain medicine consultation for patients with chronic pain. Referral to a pain medicine specialist is appropriate under the following conditions: 1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case the records demonstrate repeated red flags for misuse of controlled substances and behavior consistent with addiction. Specifically, there are repeated urine drug screen demonstrating a discrepancy between prescribed and detected medications. Further, one drug screen showed evidence of methamphetamines. The medical records do not demonstrate follow-up discussion or a treatment plan for these discrepancies. As noted in the MTUS guidelines "if there are active signs of misuse, these concerns should be addressed immediately with the patient. If there are active signs of relapse to addiction, or new-onset addiction, these patients should be referred to an addictionologist immediately." For this reason, referral to a pain medicine specialist is not indicated as the negative predictors of success as described above have not been addressed. Therefore, the requested treatment is not medically necessary.