

Case Number:	CM15-0022517		
Date Assigned:	02/12/2015	Date of Injury:	07/12/1997
Decision Date:	04/22/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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: Arizona, 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 43 year old male, who sustained an industrial injury on 07/12/1997. He has reported subsequent neck, back and shoulder pain and was diagnosed with chronic intractable neck pain secondary to multilevel cervical degenerative disc and status post multiple lumbar surgeries. Treatment to date has included oral pain medication and TENS unit. The only medical documentation submitted is a progress note dated 01/12/2015. The physician noted during this visit that the injured worker had good analgesia with use of oral pain medication and TENS unit. There was no medical documentation submitted that pertains to the current treatment request for 12 medication management visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 medication management visits: 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 opioids
 Page(s): 82-92.

Decision rationale: According to the guidelines, those on opioids need routine follow-up for medication refill, monitoring and objective/subjective documentation of medication response. In this case, the claimant was on Methadone and had a history of opioid abuse. A weaning protocol and length of use was not specified. The request for 12 visits for medication management was not substantiated and also exceeded a reasonable advance time frame to determine future necessity. The request for 12 visits for medication management is not medically necessary.