

Case Number:	CM15-0036736		
Date Assigned:	03/05/2015	Date of Injury:	11/11/2002
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female who sustained an industrial injury on 11/11/2002. Diagnoses include lumbosacral back pain, mild to moderate disc height loss, osteophyte complex resulting in moderate to severe left neural foraminal stenosis and moderate right neural foraminal stenosis, status post fusion L5-S1 with subsequent removal of sexton pedicle instrumentation, nonunion L5-S1 with grade anterolisthesis L5-S1, and chronic bilateral lower extremity radiculopathy. Treatment to date has included medications, injections, and psychotherapy. A physician progress note dated 01/15/2015 documents the injured worker complains of continued pain in her neck, upper back, bilateral hands, low back and legs from her feet to her knees. She uses a cane more as her balance is worsening. The loss of balance can be triggered by turning her head. She rates her pain as 10 out of 10 in intensity, but is reduced to a 7-8 out of 10 with use of her current medications. She states that she is still very depressed anxious and shaky. Treatment requested is for retrospective general comprehensive pharmacy review for 11 medications. On 02/10/2015 Utilization Review non-certified the requests for retrospective general comprehensive pharmacy review for 11 medications and cited was non-MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective general comprehensive pharmacy review for 11 medications: 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 consultation Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end for using the expertise of a specialist. There is no clear documentation that the patient needs a review of his medications as per MTUS criteria. There is no clear documentation that the patient had delayed recovery from his medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end for using a pharmacy evaluation. Therefore, the request for Retrospective general comprehensive pharmacy review for 11 medications is not medically necessary.