

<b>Case Number:</b>	CM15-0044949		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	01/09/1998
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on 01/09/1998. She reported right hand, wrist and shoulder pain. The injured worker was diagnosed as having reflex sympathetic dystrophy of the right upper extremity. Treatment to date has included x-rays, bone scintigram, stellate ganglion blocks, spinal cord stimulator, electrodiagnostic studies, physical therapy and medications. According to a progress report dated 02/09/2015, pain level was rated 8 on a scale of 1-10. Current medications included Flexeril, Cymbalta, Xanax, Dilaudid, Norco and Duragesic transdermal patch. Diagnoses included Lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, cervical facet arthropathy, lumbar facet arthropathy, and reflex sympathetic dystrophy upper limb. Treatment plan included no change in dosing or medications.

### 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 10 medications:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, [www.odg-twc.com](http://www.odg-twc.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Medications.

**Decision rationale:** The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for RETROSPECTIVE GENERAL COMPREHENSIVE PHARMACY REVIEW FOR 10 MEDICATIONS. Per 02/09/15 progress report, the patient is currently taking Flexeril, Cymbalta, Xanax, Dilaudid, Norco and Duragesic patch. Xanax, Dilaudid, Norco and Duragesic patch are prescribed. ODG guidelines Pain Chapter under medications have the following: "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." ODG guidelines further allow for evaluation and follow-up assessments to address chronic pain issues. In this case, the treater does not discuss the request. None of the guidelines discuss "pharmacy review" as this is included in the initial evaluations as well as follow-up visitations. Pharmacy review is something that is done as part of a routine follow-up visitations and the treater does not explain why this is needed as a separate billable service. The request IS NOT medically necessary.