

Case Number:	CM15-0045906		
Date Assigned:	03/18/2015	Date of Injury:	09/13/1999
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 53 year old male, who sustained an industrial injury on 09/13/1999. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 01/09/2015 the injured worker has reported lower back pain. The diagnoses have included status post L4-L5 and L5-S1 fusion, mild cervical spondylosis, L2-L3 and L3-4 disc degeneration/stenosis, intermittent lumbar radiculopathy bilaterally and chronic intractable pain. Treatment to date has included pain medication, pain management consultation and laboratory studies. On examination of lumbar spine revealed antalgic gait and utilizes a single point cane for ambulation. There was tenderness noted in the lumbar spine over the paravertebral muscles bilaterally. And a decreased range of motion and a positive straight leg raise was noted as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown medication management 30 day intervals for medication management and prescription refills between 2/3/15 and 4/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: MTUS and ACOEM does not specifically cite pharmacological management consultations, so other guidelines were utilized. ODG states: office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The ongoing management of medication monitoring should be managed by the patient's primary care provider or psychiatrist, in this case. Based on the medical documents, the treating physician is the primary source the medication refills and requests. The medications that the patient is on should be carefully followed and pharmacological management may be necessary. The treating physician does not detail what specific items he has difficulty with managing. The request for medication management is for an unspecified quantity, which is not an appropriate request. A defined quantity is needed. The original utilization review approved for one medication management session, which is appropriate. As such, the request for Unknown medication management 30 day intervals for medication management and prescription refills is not medically necessary at this time.