

Case Number:	CM15-0051737		
Date Assigned:	03/25/2015	Date of Injury:	03/05/2014
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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 York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 48 year old female, who sustained an industrial injury on March 5, 2014. The injured worker was diagnosed as having cervical and lumbar strain/sprain and left knee contusion. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), home exercise and medication. A progress note dated December 15, 2014 provides the injured worker complains of neck and low back pain. Physical exam notes cervical and lumbar tenderness and left knee on palpation. The plan includes physical therapy, home exercise program and undisclosed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unspecified pain medications, 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to guidelines, a request for medication must specify the specific pain medication as well as dose and indication and potential benefit to the patient. In this case, a request for unspecified medications was entered. Clarification is needed pertaining to the name of medications requested. Thus, the request for unspecified pain medications x 1 month is not medically appropriate and necessary.