

<b>Case Number:</b>	CM15-0059816		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old, who has filed a claim for chronic low back, neck, knee, elbow, and wrist pain reportedly associated with an industrial injury of September 15, 1999. In a Utilization Review report dated March 7, 2015, the claims administrator failed to approve requests for an internal medicine consultation and a sleep consultation. An RFA form dated February 18, 2015 and an associated progress note of January 30, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, low back pain, and knee pain, 7-9/10. Unspecified medications were refilled under a separate cover. The applicant's pain complaints were described as worsening. The applicant's work status was not clearly detailed. On January 30, 2015, the applicant reported multifocal complaints of neck, low back, elbow, wrist, hand, and knee pain. The applicant was described as "permanently totally disabled." An internal medicine referral was proposed, reportedly for medication purposes. This was not elaborated or expounded upon, however. In another section of the note, the attending provider stated that he was refilling unspecified medications under a separate cover.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Medication/Sleep consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** No, the proposed internal medicine consultation to address medications and sleep was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable treating and/or addressing a specific cause of delayed recovery, in this case, however, the attending provider seemingly stated that he was seeking an internal medicine referral for the purposes of medication management. However, the attending provider then went on to renew the applicant's pain medications on multiple office visits, referenced above, of late 2014 and early 2015. It was not clearly stated or clearly established why the attending provider wished the applicant to consult another provider for medication management purposes when he was apparently continuing to prescribe pain medications himself. Again, little-to-no narrative commentary accompanied the Request for Authorization. Therefore, the request was not medically necessary.