

<b>Case Number:</b>	CM14-0128693		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old male who reported an injury on 08/03/2012 with unknown mechanism of injury. The injured worker was diagnosed with displacement of lumbar intervertebral disc without myelopathy, lower back pain with bilateral lower extremity radiculopathy, myalgia, and right peroneal neuropathy. The injured worker was treated with acupuncture and medications. The injured worker had an official x-ray of the chest on 04/17/2014, and an official x-ray of the right knee on 05/16/2014. The clinical note dated 06/30/2014 noted the injured worker complained of pain rated 3/10 in the lumbar spine and bilateral hips, 6/10 right knee, ankle, and foot pain. The injured worker had tenderness to palpitation with spasms to the midline lumbar paravertebral muscle and decreased range of motion with pain at all limits. The injured worker was prescribed Naproxen 550mg, Cyclobenzaprine 7.5mg, Lyrica 50mg, Omeprazole 20mg and topical ointments on clinical note dated 01/27/2014. The treatment plan was for a pain management consultation. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

**Decision rationale:** The request for Pain management consultation is not medically necessary. The injured worker is diagnosed with displacement of lumbar intervertebral disc without myelopathy, lower back pain with bilateral lower extremity radiculopathy, myalgia, and right peroneal neuropathy. The California MTUS guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The injured worker's medical records lack documentation of opioid usage for pain management. The injured worker is prescribed Naproxen 550mg, Cyclobenzaprine 7.5mg, Lyrica 50mg, Omeprazole 20mg and topical ointments. There is a lack of documentation which details the injured worker's course of treatment to date. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for pain management consultation is not medically necessary.