

Case Number:	CM14-0178052		
Date Assigned:	10/31/2014	Date of Injury:	10/05/2009
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Geriatrics and is licensed to practice in New York. 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 64 year old man with a date of injury of 10/5/09. He was by his primary treating physician on 9/19/14 with complaints of low back pain with a recent flare related to bending to pick something up. His medications included Cymbalta, Lisinopril/HCTZ and Ibuprofen. His review of systems was negative. His exam showed he was in no acute distress. Straight leg raise was negative bilaterally. Strength was 5/5 in the lower extremities and reflexes were 2+ and symmetric. He ambulated without an assistive device with a slight antalgic gait. His diagnoses were low back pain, lumbar degenerative disc disease and lumbar radiculitis. His assessment documented that he was off Norco as his PCP advised him to stop the medication as he had been having headaches and dizziness. He was to continue his TENS unit, Cymbalta and Ibuprofen. At issue in this review is the request for 6 Sessions of Medication Management (Once a Month for six months).

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Medication Management (Once A Month for six months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11 Edition (web) , 2014, Pain/Medication Management

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

Decision rationale: This injured worker has chronic back pain. His medications include ibuprofen, Cymbalta and prior use of norco which caused side effects of headaches and dizziness prior to cessation. There is no documentation that his new medications are causing side effects or intolerance or that he is having difficulty with compliance. The medical records do not substantiate that medication management monthly for 6 months is medically necessary in this injured worker.