

Case Number:	CM14-0180840		
Date Assigned:	11/05/2014	Date of Injury:	05/19/2005
Decision Date:	12/10/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation 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 male who reported an injury on 05/19/2005, his age is unknown. The mechanism of injury was not specified. His relevant diagnoses were noted to include status post lumbar fusion and status post spinal cord stimulator. His past treatments were noted to include medications, surgery, and spinal cord stimulator. On 10/27/2014, it was noted the injured worker was experiencing pain to his low back which he rated 5/10. The injured worker stated he wanted to get off the narcotics and had attempted to wean without success. He stated he took 5 tablets of Norco daily which made him feel "hot" and experienced adverse side effects such as reflux and constipation. Upon physical examination, it was noted the injured worker had tenderness over his low back, weakness, and decreased sensation. He was also noted to be depressed. His medications were noted to include Trazodone 50 mg 2 tablets at night, Norco 10/325 mg 4 to 5 daily as needed, Flexeril 10 mg 2 tablets at night, and Prilosec 20 mg 1 to 2 tabs daily. The treatment plan was noted to include an addictionology consultation and medications. The request was received for addictionology consultation with [REDACTED] at [REDACTED] [REDACTED] to wean him off narcotics. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Addictionology Consultation with [REDACTED] [REDACTED] :
Overturned

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

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: The request for Addictionology Consultation with [REDACTED] at [REDACTED] is medically necessary. According to the Official Disability Guidelines, office visits are recommended as medically necessary. The need for such visit is dependent on the patient and physician's concerns, signs and symptoms, clinical stability, and the monitoring of those on medications such as opiates. The injured worker was noted to have taken Trazodone, Norco, and Flexeril and was having a difficult time being weaned off of them. He was also experiencing adverse side effects to these medications such as gastric upset and constipation. The injured worker was noted to be depressed and angry due to the failure of being weaned off these medications. As the documentation notes medical necessity for the requested consultation as far as patient's and physician's concerns, signs and symptoms, clinical stability, and as he has been on opiates that necessitate monitoring, the request for Addictionology Consultation with [REDACTED] at [REDACTED] is supported by the evidence based guidelines. As such, the request is medically necessary.