

Case Number:	CM15-0008373		
Date Assigned:	01/26/2015	Date of Injury:	07/29/2014
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 02/07/1995. She has reported subsequent back and knee pain and was diagnosed with lumbar degenerative disc disease, low back pain and degenerative spondylolisthesis. Treatment to date has included oral pain medication and an exercise program. Roxicodone was a chronic medication since at least 12/05/2013 and Seroquel has been a chronic medication since at least 10/02/2014. There was no mention of any psychiatric disorders or diagnoses. In a progress note dated 11/06/2014, the injured worker complained of bilateral low extremity pain which was unchanged since the previous visit. Sleep quality was noted as being poor. Medications were noted to be working well with no side effects reported. Objective physical examination findings were notable for an antalgic gait, restricted range of motion of the knees with tenderness to palpation over the lateral and medial joint lines of the right knee, tenderness over the talo-fibular ligament of the left ankle and a large cyst on the medial arch of the left foot. The physician noted that medications were allowing the injured worker to tolerate living independently. Authorization was requested for Roxicodone, Seroquel and Quetiapine. On 12/03/2014, Utilization Review non-certified requests for Quetiapine and Seroquel noting that there was no documentation that the injured worker had schizophrenia or bipolar disorder and that there was no documentation of functional improvement from the medication. The request for Roxicodone was modified from 15 mg quantity of 180 to 15 mg quantity of 150, noting that there was no evidence that opioids show long term benefit for chronic back pain and that the medication should be slowly withdrawn. MTUS and FDA guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Medicine Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG Independent Medical Examinations and Consultations Chapter 7, page 127 and on the ODG-TWC Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient, a 44-year-old male with an injury date of 07/29/14, presents with neck, upper back, and right shoulder pain. The request is for PAIN MEDICINE CONSULTATION. The RFA is not provided. Patient's diagnosis included cervical spine strain, right shoulder strain, and thoracic spine strain. Patient is to return to modified duty; however, if restrictions are not allowed, then the patient is considered temporarily totally disabled. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient is suffering from chronic pain in neck, upper back, and right shoulder. Per the progress report dated 10/07/14, treater states 'I do not see that any conservative treatment will be of any benefit. I have advised him that I highly recommend open decompression of the right shoulder and repair of the subscapularis tendon.' The treater requests for a consultation with a pain management specialist in consideration of the prospective shoulder surgery. The request appears reasonable and may help with the patient's treatment. Hence, the request IS medically necessary.