

<b>Case Number:</b>	CM15-0065225		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/24/1995
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 61 year old male, who sustained an industrial injury on May 24, 1995. He has reported neck pain and back pain. Diagnoses have included cervical spine stenosis, lumbago, degeneration of intervertebral disc, cervical post laminectomy syndrome, lumbosacral disc degeneration, sciatica, brachial neuritis, lumbosacral neuritis, and chronic pain syndrome. Treatment to date has included spinal surgery, medications, and psychotherapy. A progress note dated January 5, 2015 indicates a chief complaint of lower back pain radiating to the right thigh. A progress note dated January 12, 2015 notes the request for referral to a pain specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management Opioid dependence (sessions) QTY: 12.00:** Overturned

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

**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 page 127.

**Decision rationale:** The patient presents with chronic lower back pain radiating to the right thigh. The request is for PAIN MANAGEMENT OPIOID DEPENDENCE (SESSIONS) QTY: 12. The diagnoses per RFA dated 03/12/15, includes chronic pain syndrome and continuous opioid dependence, cervical spine stenosis, lumbago, degeneration of intervertebral disc, cervical post laminectomy syndrome, lumbosacral disc degeneration, sciatica, brachial neuritis, and lumbosacral neuritis. Per 01/05/15 report, physical examination to the lumbar spine revealed tenderness to palpation. There is decreased range of motion with pain and the patient has an antalgic gait. Treater states, "patient has some modest low back pain without red flag symptoms." Treatment to date has included spinal surgery, medications, and psychotherapy. Medications include OxyContin 10mg, OxyContin 40mg, Cyclobenzaprine, Cymbalta, Divalproex, Pantoprazole, Neurontin, Metformin, Lipitor, Enalapril, Gemfibrozil, Aspirin, Miralax, Flomax, bisacodyl. The patient is temporarily totally disabled "for life", per 01/12/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 "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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Per 01/12/15 report, treater requests for the patient to see [REDACTED] and states, "We are his primary care providers and are unable to give our patient the care he needs from his current pain." ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. In this case, it would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Given the patient's condition, pain management specialist consult with 12 visits and transfer would appear to benefit patient and be indicated by guidelines. Therefore, the request IS medically necessary.