

<b>Case Number:</b>	CM14-0141946		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Medicine and is licensed to practice in California. 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:

This worker sustained cumulative trauma related to his clerical duties prior to and including April 1, 2013. He reported injuries to his neck, bilateral shoulders, and wrists. His diagnoses include cervical sprain/strain, sprain/strain of both shoulders, and bilateral carpal tunnel syndrome. He has received physical therapy, muscle relaxants, NSAIDs, topical creams, gabapentin, and omeprazole. On July 16, 2014 he had a Panel TBD Urinalysis Test reported as consistent with the prescribed medication treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Both the ACOEM and Chronic Pain Medical Treatment Guidelines provide indications and criteria for specialty consultation. The medical documentation does not provide

either the specialty of the consultant or the indications for the consultation. There is no indication from the medical record that a consultation is medically necessary.