

2016 QME Course

Test Questions

Disclaimer: The answers to these questions can be found in the audio recording and in the course handouts and represent the opinion of the speaker. They do not necessarily represent COA's opinion or policy on the issue.

Evaluation of Pre and Post-Operative Pain Management

Answers

- _____ 1. What type of pain is found in bone and soft tissue?
A. Visceral
B. Somatic
C. Nociceptive
- _____ 2. Pain that is often characterized with edema, sweating, and muscle atrophy is called complex regional pain syndrome.
A. True
B. False
- _____ 3. Vicodin is currently classified as a Schedule II drug?
A. True
B. False
- _____ 4. Name Schedule I medications that are not considered to have a medical use.
A. Vicodin
B. Heroin
C. Marijuana
D. B and C
E. All of the above
- _____ 5. Which of the Schedule II medications have a high abuse rate and can lead to physical or psychological dependence?
A. Fentanyl
B. Hydrocodone
C. Morphine
D. All of the above
E. None of the above
- _____ 6. Which Schedule IV and V medications have the lowest risk of abuse?
A. Vicodin
B. Xanax
C. Valium
D. Lorazepam
E. A and C
F. B, C and D

- _____ 7. In an emergency situation, you can phone in a prescription for how many hours of a Schedule II medication?
- A. 24 hours
 - B. 36 hours
 - C. 48 hours
 - D. Never – you cannot call in a prescription for a Schedule II medication
- _____ 8. How can you identify a patient that might end up with chronic pain?
- A. Have bad work reviews
 - B. Have marital discord
 - C. Have financial problems
 - D. Other medical problems
 - E. All of the above
 - F. None of the above
- _____ 9. What co-morbidities can increase costs of treatments?
- A. Depression
 - B. Anxiety Disorders
 - C. Substance Use-Related Disorders
 - D. Somatoform Disorders
 - E. A and C
 - F. A, B, and C
 - G. All of the above
- _____ 10. How do you evaluate a patient's pain history?
- A. Functional Impairment
 - B. Pain Score
 - C. Pain Impairing Work
 - D. All of the above
 - E. None of the above
- _____ 11. Sleep history is important as lack of sleep can lead to:
- A. Increased Pain
 - B. Depression
 - C. Sleep Apnea
 - D. All of the above
- _____ 12. Many chronic pain patients are also chronic smokers.
- A. True
 - B. False
- _____ 13. It is easiest to treat a patient for chronic pain if they want a cure for their chronic pain.
- A. True
 - B. False
- _____ 14. Some treatment options for chronic pain include:
- A. TENS Unit
 - B. Physical Therapy

- C. Compound Medications
- D. Narcotic Medications
- E. Trigger Point Injections
- F. Patient Behavior Modifications
- G. A, B and E
- H. All of the above

- _____ 15. The four “A’s” of Pain Treatment Outcomes are: analgesia, activities of daily living, adverse effects, and aberrant drug taking.
- A. True
 - B. False
- _____ 16. Which MSK agonist is the most potent?
- A. Morphine
 - B. Oxycodone
 - C. Codeine
 - D. Fentanyl
- _____ 17. Opioids are less effective with nociceptive pain than neuropathic pain.
- A. True
 - B. False
- _____ 18. What are common opioid side effects?
- A. Nausea
 - B. Headache
 - C. Dry Mouth
 - D. Sweating
 - E. Constipation
 - F. All of the above
- _____ 19. What are the most serious opioid side effects?
- A. Hypotension
 - B. Respiratory Depression or Arrest
 - C. Apnea
 - D. Circulatory Depression
 - E. Shock
 - F. All of the above
- _____ 20. Orthopaedic surgeons usually treat what type of pain?
- A. Acute
 - B. Chronic
 - C. All of the above
- _____ 21. What are the cardinal rules of rehabilitation from pain management?
- A. Limit setting of medications made available to the patient
 - B. Consistency
 - C. Repetition
 - D. Emotional Support and Reassurance

- E. Structure in the Treatment Plan
- F. All of the above

- _____ 22. DNA testing may be an effective method to determine which pain medication will be most effective for a particular patient. How much of our DNA is similar from one patient to another?
- A. 80%
 - B. 85%
 - C. 90%
 - D. 95%
 - E. 99.9%
- _____ 23. What are the potential advantages of designing a pain management strategy around DNA testing?
- A. Avoid Trial and Error
 - B. Unnecessary Drug Side Effects
 - C. Speed Patient Recovery
 - D. Another Tool for the Physician to Select the Most Cost Effective Treatment Plan
 - E. All of the above
 - F. None of the above

QME Medical Ethics

- _____ 24. The Division of Workers' Compensation has developed Sanction Guidelines.
- A. True
 - B. False
- _____ 25. What are some potential probation sanctions?
- A. Monitoring of Practice by Another Physician
 - B. Pass an Oral or Written Test
 - C. Notation of Probationary Status on QME Panel List
 - D. Undergo a Required Psychiatric Evaluation
 - E. Suspension of Your QME Certification
 - F. Restitution of Monies Received Inappropriately
 - G. A, B and E
 - H. A, C, and E
 - I. All of the above
- _____ 26. When a QME is placed on probation, the Medical Board of California is not notified since the violation only affected injured workers.
- A. True
 - B. False
- _____ 27. When can a maximum sanction be applied?
- A. Professional License has been Suspended
 - B. Conviction of a Felony or Misdemeanor Related to the Physician's Practice
 - C. Arranging for the Impersonation of a QME

- D. Performing a QME Evaluation Without a QME Certification
- E. Failure to Pay the Required QME Fee
- F. A, B and D
- G. All of the above

- _____ 28. If warranted, a maximum sanction can be applied for any violation:
A. True
B. False
- _____ 29. Abuse of drugs or alcohol while evaluating or treating patients may result in a 5-year probation along with other sanctions.
A. True
B. False
- _____ 30. Sexual misconduct can result in a 7-year probation along with other sanctions.
A. True
B. False
- _____ 31. Billing/Insurance Fraud can result in a 7-year probation along with other sanctions.
A. True
B. False
- _____ 32. Soliciting or providing treatment in the course of a QME evaluation can result in a one-year probation and other sanctions.
A. True
B. False
- _____ 33. Other AME ethical violations include: refusing to schedule unrepresented cases, routinely requiring an injured worker to wait more than one hour, rescheduling the QME panel examination more than 3 times per case, switching the location of the QME evaluation, and failure to notify the parties of a conflict of interest.
A. True
B. False
- _____ 34. A QME can continue to send injured workers out for consultations?
A. True
B. False
- _____ 35. If the injury occurred after January, 1, 2013, A QME can offer their opinion on current medical treatment disputes.
A. True
B. False
- _____ 36. A QME may ask an interpreter to leave the room during the examination.
A. True
B. False
- _____ 37. A disciplinary action against a QME will be taken off the DWC "Wall of Shame" after

how many years?

- A. One Year
- B. Five Years
- C. Seven Years
- D. Ten Years

Common Medical-Legal Report Errors

- _____ 38. What are the key elements of a ratable Medical-Legal Report?
- A. Narrative History
 - B. Medical Record Review
 - C. Physical Examination
 - D. Current Clinical Status
 - E. Impairment Rating and Rationale
 - F. Work Restrictions
 - G. Future Medical Treatment
 - H. Addressing Causation
 - I. Addressing Apportionment
 - J. All of the above
- _____ 39. California's disability rating system is based on the AMA Guides, 5th Edition. There is no need to understand the guidelines in the AMA Guides, 6th Edition.
- A. True
 - B. False
- _____ 40. Which is not a pitfall of writing a ratable report:
- A. Being unfamiliar with the AMA Guides
 - B. Not writing a Comprehensive Medical-Legal Report
 - C. Being very thorough in the Evaluation of the Injured Worker
 - D. Inconsistencies in your Report
 - E. Not Providing Rationale for your Findings
- _____ 41. A medical opinion of a QME supersedes all other opinions, even if the opinion is based on an incomplete medical evaluation.
- A. True
 - B. False

Using the Four Corners of the AMA Guides

- _____ 42. The Workers' Compensation Appeals Board has opined that the physician's role is to assess the injured employee's whole person impairment percentage(s) by a report that sets forth facts and reasoning to support its conclusions and that comports with the AMA Guides and case law.
- A. True
 - B. False
- _____ 43. If a condition is **not covered by the Guides**, the physician compares measurable

impairment results from the non-covered condition to the measurable impairment results from other conditions with similar impairment of function in performing ADLs.

- A. True
- B. False

_____ 44. In *Blackledge v. Bank of America*, the QME must explain how they arrived at the Wholeperson Impairment (WPI) so that the parties can determine whether their rationale is consistent with the AMA Guides.

- A. True
- B. False

_____ 45. Almaraz/Guzman found that the AMA Guides are not rebuttable and the AME must only use the chapter within the AMA Guides that discusses the injured worker's specific injury.

- A. True
- B. False

_____ 46. The QME may use chapters within the AMA Guides that discuss Activities of Daily Living (ADLs) – Chapter 1 Table 1-2 and limitations of the organ/body system – Chapter 1.3 in their evaluation as long as they can provide a rationale as to why these factors are relevant in the evaluation of the injured worker.

- A. True
- B. False

Determining Injury Relatedness, Work Relatedness, and Claim Relatedness: Case Presentations

_____ 47. The highest number of work-related strains or sprains in California is seen in San Diego County.

- A. True
- B. False

_____ 48. CWCI's study shows that Vicodin is the most common medication prescribed for injured workers who have suffered a strain.

- A. True
- B. False

Typical Lengths of Disability – What the Guidelines Say

_____ 49. The employer can help control the amount of disability by offering modified work to injured workers.

- A. True
- B. False

_____ 50. It can be helpful for the treating physician to let an injured worker know the typical lengths of disability for their specific injury. This sets more realistic disability expectations.

- A. True
- B. False

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