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| Case Number: | CM13-0005836 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/26/2003 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 07/25/2013 |
| Priority: | Standard | Application Received: | 08/01/2013 |

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 & Rehabilitation, has a subspecialty in Pain 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 is a 48-year-old male diagnosed with repetitive strain injury, myofascial pain syndrome, left ulnar neuropathy, and bilateral shoulder rotator cuff injury status post surgical repair following a work-related injury on 09/26/2005. A request for 2 weeks of a functional restoration program and prescription of Ultram 50 mg #60 was non-certified at utilization review on 07/12/13, requesting additional clarification regarding subjective and functional response to previous use of Ultram in clear and quantifiable measures, as well as clarification regarding the nature and extent of the functional deficits that are to be the focus of the requested functional restoration program, nature and frequency of services to be included in the program and specific and quantified goal of the program. There is a letter dated 4/16/13 noting that the patient had been recommended to proceed with a functional restoration program evaluation and/or treatment. On 04/16/13, the patient continued to complain of pain in the neck and bilateral shoulders with numbness and tingling sensation in his arms and neck. Objective findings noted decreased cervical range of motion, myofascial trigger points in the cervical paraspinal musculature, positive Tinel's at the left elbow, and decreased motor strength to the left upper extremity. Patient was instructed to continue taking Tramadol for pain control and it was noted a functional restoration program would be helpful to teach the patient is alert and live with chronic pain condition and learn various techniques to better manage and cope with his pain. On 06/05/13, it was noted the patient was to continue taking current medications of Norco and Tramadol. On 07/09/13, the patient reported subjective pain and discomfort. Objective findings were unchanged. Patient was to continue with Norco and Tramadol, do exercise and apply TENS unit. Random urine drug screen was performed. A functional restoration program was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 2 WEEKS OF A FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 30-34.

Decision rationale: Per CA MTUS, Functional Restoration Programs (FRP) emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. An adequate and thorough multidisciplinary evaluation must be completed. In this case, the patient has long-standing chronic pain. However, the records provided do not contain a multidisciplinary evaluation report outlining specific functional deficits, goals for the program, or motivation for change. Guidelines recommend negative predictors of success (as outlined above) should be identified, and if present, the pre-program goals should indicate how these will be addressed. As the documentation provided does not contain a multidisciplinary evaluation addressing the above noted requirements, 2 weeks of functional restoration program is not medically necessary and is not certified.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ULTRAM 50MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-78.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided, such as VAS scores, and no indication of significant functional benefit or return to work. UDS results are not reported. An opioid agreement is not documented. Additionally, the current request does not specify frequency of dosing. Thus Ultram 50mg #60 is not medically necessary and is not certified.