

<b>Case Number:</b>	CM13-0021149		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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 physician 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 patient is a 51 year old female employee with date of injury of 5/1/2007. The injury was a trauma injury to right shoulder. Medical records indicate that she underwent superior labrum anterior and posterior (SLAP) surgery to right shoulder on 12/7/2009 and a correction on 8/31/2010. Initial pain medication from progress notes dated 6/21/2010 show Zoloft 100mg daily, Percocet 10mg 6 times daily as needed, and Motrin 600 mg three times daily. Pain medication had escalated to methadone 10mg and oxycodone 30mg four times a day through 2011. On 2/8/2011, [REDACTED] wrote that a chronic pain program is recommended. Medical records indicate that a HELP program evaluation was conducted on 1/31/2012 by [REDACTED] and found the patient to be an appropriate candidate for treatment. Additionally, the records indicate that she underwent another shoulder surgery around 4/2012. On 12/13/12 and 1/10/2013 [REDACTED] states "please approve the HELP program (evaluation only) for this patient so we can begin the process of functional restoration as soon as possible." A second HELP evaluation on 1/24/2013 by [REDACTED] indicate that she is 'at risk' and an appropriate candidate for a chronic pain program. The patient underwent treatment starting 3/18/2013 and again on 7/9/2013. Each treatment cycle includes 7-10 days of inpatient detoxification, 5-10 days of outpatient detoxification, and 3 weeks of a pain management program. Notes dated 7/15/2013 indicate that the patient was able to successfully stop taking most medication with good tolerance and was only on suboxone 6-8m daily and Wellbutrin 300mg with discharge back home to [REDACTED]. No other medical reports were provided for after discharge indicating the patient's status on medication, pain level, or overall functional level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One 4 hour reassessment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Program, Detoxification, Functional restoration programs Page(s): 30-34, 42 and 49..

**Decision rationale:** The guidelines clearly state that long-term evidence suggests that the benefit of these programs diminishes over time. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy, as documented by subjective and objective gains. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The patient appears to have benefited from multiple treatments with detoxification programs and has been successful in weaning opioid usage. Medical documents dated 8/7/2013 state that the patient would be transitioning over into HELP remote care services where treatment will be aimed at functional improvement. The treating physician has not addressed the status of her functional improvement during her remote care services, which is important to support continued treatment. As such, the request for one 4 hour reassessment is not medically necessary at this time.