

Case Number:	CM13-0032016		
Date Assigned:	12/04/2013	Date of Injury:	02/27/2012
Decision Date:	01/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 PM&R, has a subspecialty in Intervental Spine 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 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:

45 y.o. male with injury from 2/27/12, suffers from chronic low back pain from a lifting injury. [REDACTED]' initial evaluation report from 6/4/13 lists diagnoses of chronic thoracic and low back pain; right thoracolumbar strain; Degenerative disc disease of T and L spine; s/p arthrosopies of the right shoulder and right knee; Chronic myofascial pain syndrome; Mild high frequency sensorineural hearing loss; Depression; Generalized Anxiety Disorder; Insomnia. The patient's symptoms are reportedly progressively getting worse. Recommendations were HELP functional Restoration program evaluation. Medications were Norco #60, Lidoderm patch and nortriptyline. 6/26/13 report indicates that the patient has violated the pain contract and admits to overuse/misuse and dependence to opiates. The patient had gone to ER as well for pain pills. The patient states motivation to detox but requires help, and would like to return to his role as a family provider. Addiction medicine consultation with [REDACTED] was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP outpatient drug optimization/detoxification QTY: 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines July 18, 2009, Chronic pain programs (functional restoration progr.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: Based on [REDACTED]' evaluation and comprehensive evaluation, the patient clearly has opiate dependence issue and his inability to manage pain without dependence on opiates. This is evidenced by 6/26/13 report by [REDACTED] where the patient became out of control with the use of Norco, getting medication from multiple physicians and an ER visitation to obtain opiates. The recommended outpatient detox program is consistent with MTUS guidelines page 42. I reviewed the UR letter and did not see that the reviewer addressed outpatient detoxification request. Recommendation is for authorization of 10 outpatient visitation for detox.

Outpatient English HELP program part day (weeks): 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): 49.

Decision rationale: MTUS supports functional restoration program such as HELP run by [REDACTED] [REDACTED]. Review of the reports show that this patient is a candidate. However, the request for outpatient English HELP program part day (weeks) does not specify the number of days, hours, or duration. The Utilization review from 9/25/13 has "QTY: 3.00" but I cannot decipher what 3 units applies to, whether days, weeks or months. There are no total number of visitation dates. Treatments are not recommended for longer than 2 weeks without evidence of demonstrated efficacy (MTUS p33). In this case, I do not have the duration of the requested services to consider authorization. Initial trial of 2 weeks of daily treatments would appear reasonable for functional restoration program to address this patient's chronic pain an disability. Recommendation is for denial based on lack of clarity regarding the request.