

<b>Case Number:</b>	CM13-0033426		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/27/1998
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 5/27/98. A utilization review determination dated 10/3/13 recommends non-certification of HELP interdisciplinary pain rehab program, diclofenac, and Norco. HELP program evaluations dated 6/14/13 determined that the patient was not a candidate for the program and that she would need to demonstrate progress with both a walking program and a pool program before the program would be an option. An appeal report dated 10/8/13 identifies that the patient was compliant with an exercise program, but pool therapy was denied. The author addressed positive testing for methadone on 5/3/13 and 5/28/13. The patient did not reveal the source of the methadone, but tested negative on 6/24/13. A Medication Safety Agreement was reinstated after discussion regarding the need for taking only controlled substances prescribed by one provider. The author states that the patient has shown evidence of significant change in behavior consistent with the recommendations of the HELP team and as demonstrated compliance with the medication recommendations. He felt that it is inappropriate to have her lack of documented progress in the treatment venue held against her as UR denied access to the treatment and it is now appropriate to offer her participation in the HELP program

### IMR ISSUES, DECISIONS AND RATIONALES

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

**interdisciplinary pain rehab program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32 and 49.

**Decision rationale:** Regarding the request for the HELP interdisciplinary pain rehab program, California MTUS supports chronic pain programs/functional restoration programs when: An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; The patient has a significant loss of ability to function independently resulting from the chronic pain; The patient is not a candidate where surgery or other treatments would clearly be warranted; The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & Negative predictors of success above have been addressed. Within the documentation available for review, it is noted that the patient was not a candidate based on the HELP evaluation, with a cited need to progress in exercise and pool therapy programs. The provider subsequently noted that the patient had been compliant with exercise and pool therapy was denied, and that the inability to participate in pool therapy should not be held against the patient. However, the documentation does not identify that any significant progress has been made as a result of the participation in exercise. Additionally, there is no documentation that the patient would not be a candidate for surgical and/or other procedures or that any negative predictors of success have been addressed. Finally, it appears that the current request is for longer than the 2 weeks supported by the CA MTUS for initial treatment. In light of the above issues, the currently requested HELP interdisciplinary pain rehab program is not medically necessary.

**Diclofenac Sodium EC 50mg BID(twice a day) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 71. Decision based on Non-MTUS Citation ODG (Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 67-69.

**Decision rationale:** Regarding the request for diclofenac, California MTUS states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement from its use. In the absence of such documentation, the currently requested diclofenac is not medically necessary.

**Norco 10/325mg TID (three times daily):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the patient does appear to now be compliant with the medication despite previous positive drug testing for methadone, which subsequently reverted to negative. However, there is no indication that the Norco is improving the patient's function or pain and there is no documentation regarding side effects. In the absence of such documentation, the currently requested Norco is not medically necessary.