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| Case Number: | CM13-0054957 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 01/28/1999 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 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 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 female patient with a date of injury of January 28, 1999. A utilization review determination dated November 14, 2013 recommends non-certification for an HELP Final Determination Letter for IMR Case Number [REDACTED] consultation. Non-certification is recommended due to a positive urine drug screen for medications not being prescribed, lack of documentation indicating that the patient is willing to improve, and lack of documentation that the patient has exhausted all treatment options. A progress report dated December 4, 2013 include subjective complaints of knee pain, bilateral shoulder pain, left and right hand pain, weakness, and muscle spasms. That indicates that the patient had a carpal tunnel release 9 years ago. She has trouble doing house chores, dishes, laundry, etc. Physical examination findings identify decreased pinprick sensation, shoulder range of motion within functional limits, pain in the shoulder and elbow with active range of motion, and point tenderness in the left supraspinatus. Diagnoses include pain in joint, CTS, chronic pain, comorbid insomnia, diabetes mellitus, hyperthyroidism, and COAT. The treatment plan recommends a urine drug screen, and prescribed medication. The note indicates that the patient feels that the treating physician is not prescribing enough pain medication, and so she takes other people's methadone to prevent going to the emergency department. Requesting position also asked for an HELP program referral. A progress report dated November 6, 2013 indicates that a CURES report identifies that the patient has gotten to prescriptions of opiate cough medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION FOR HELP PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34 and 49.

Decision rationale: Regarding the request for HELP Consultation, California MTUS supports chronic pain programs/functional restoration programs when: 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 medical information available for review, there is no documentation that an adequate and thorough evaluation has been made including baseline functional testing, no objective examination findings identifying functional deficits, no statement indicating that the patient has lost the ability to function independently, and no statement indicating that there are no other treatment options available. Additionally, there is no discussion regarding motivation to change and negative predictors of success. Furthermore, it appears the patient has numerous opiate agreement violations including obtaining opiate cough syrup, and using other peoples methadone. These issues should be addressed prior to considering an FRP. In the absence of clarity regarding the above issues, the currently requested HELP Consultation is not medically necessary.