

Case Number:	CM13-0058968		
Date Assigned:	12/30/2013	Date of Injury:	01/26/1999
Decision Date:	06/19/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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 and is licensed to practice in Texas. 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:

The injured worker is a 61 year old male who reported an injury to his low back when he attempted to lift a 20 lb. sheet of Formica overhead resulting in sharp low back pain. The clinical note dated 06/18/13 indicates the patient having undergone a laminectomy at L1-2 as well as a discectomy in 2000. There is an indication the injured has used illicit drugs in the past to address his low back pain. The injured worker reported decreased function secondary to the ongoing pain. The injured worker also has been presenting with aberrant behaviors and attempting to obtain additional pain medications. Additionally, the injured worker has obtained medications from several other doctors to include Alprazolam and Clonazepam from separate physicians. The injured worker also reported previous use of Methadone. There is an indication that the injured worker has previously undergone a 21 day taper of Methadone in 2011. However, the injured worker tested positive for the use of cannabis. The injured worker was unable to taper off of Methadone lower than 30mg per day. A subsequent trial of Suboxone was attempted but was discontinued as the injured worker was unable to tolerate it. The note does indicate the injured worker having treatment through AA. The note also indicates the injured worker struggling with depression and anxiety secondary to his ongoing pain complaints. The note goes on to indicate there is a serious non-adherence to the prescribed drug regimen. A urine drug screen completed on 07/02/13 revealed positive findings for the use of Norco and Soma. The urine drug screen completed on 08/07/13 indicates the injured worker having significantly positive findings for the use of Benzodiazepines. The consultation note dated 10/22/13 indicates the injured worker having 2 well-healed vertical surgical incisions in the low back. The injured worker is currently utilizing a Flector patch for pain relief. Moderate tenderness was identified upon palpation in the lumbar paraspinal musculature. Range of motion limitations were identified throughout the lumbar region. The injured worker was recommended for a multi-

disciplinary functional restoration program in order to eliminate opiate dependency. The previous utilization review dated 10/29/13 resulted in a denial for a multi-disciplinary pain program as the injured worker has demonstrated several inconsistencies in the prescribed medication regimen to include illicit drug use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MULTIDISCIPLINARY PAIN PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- PAIN MANAGEMENT PROGRAMS, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FUNCTIONAL RESTORATION PROGRAM, 49

Decision rationale: The documentation indicates the injured worker complains of ongoing low back pain. A functional restoration program is generally indicated in order to restore the patient's functional deficits associated with the previous injury. There is minimal information provided for review regarding the injured worker's ongoing functional deficits associated with low back complaints. Additionally, the injured worker has demonstrated several inconsistencies with previous urine drug screens. Furthermore, there is an indication the injured worker has demonstrated the use of illicit drugs. The request appears to be directly related to the injured worker's ongoing illicit drug use. Given these factors, it does not appear that a functional restoration program would be appropriate for this injured worker at this time. Therefore, the request is not medically necessary.