

Case Number:	CM13-0063048		
Date Assigned:	12/30/2013	Date of Injury:	06/14/2010
Decision Date:	04/18/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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, and is licensed to practice in Illinois. 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 patient is a 46-year-old male who reported an injury on 06/14/2010. The mechanism of injury involved a fall. The patient is currently diagnosed with reflex sympathetic dystrophy. The patient was seen by [REDACTED] on 01/30/2013. The patient was awaiting authorization for a functional restoration program. The patient reported 7/10 pain. Physical examination revealed positive allodynia over the left hand, mild discoloration over the dorsum of the left hand, allodynia in the right hand, and weak grip strength. Treatment recommendations included a functional restoration program and continuation of current medications as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM (FRP) TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR JOB RETRAINING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the patient's injury was greater than 3 years ago to date. The patient has previously participated in a functional restoration program. Documentation of a recent exhaustion of conservative treatment was not provided. There is no indication that negative predictors of success have been addressed, nor is there an indication that this patient is motivated to change and willing to forgo secondary gains. Guidelines do not support repeating functional restoration programs. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

NEURONTIN 300MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. The patient has continuously utilized this medication. Despite ongoing use of this medication, the patient continuously reports persistent pain. Satisfactory response to treatment has not been indicated. Based on the clinical information received, the request is noncertified.