

Case Number:	CM13-0072451		
Date Assigned:	01/03/2014	Date of Injury:	04/10/1997
Decision Date:	05/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 35-year-old male who reported an injury on 4/10/97. The mechanism of injury was a fall. The injured worker was diagnosed with low back pain, thoracic pain, lumbar and sacral osteoarthritis by history, lumbosacral neuritis, myofascial pain, facet syndrome, moderate depression, anxiety, sleep disorder, decreased libido, opioid dependence to prescribed opioids, deconditioning, hypertension by history, status post traumatic brain injury secondary to motor vehicle accident, history of diabetes insipidus status post motor vehicle accident, and migraines. A request was made for a HELP program for three weeks, through a partial-day treatment program. The injured worker's medications included Percocet, MS Contin, Tizanidine, Gabapentin, Nabumetone, Clonidine, Omeprazole, Lorazepam, DDAVP, Singulair, Restoril, Imitrex, losartan, metoprolol, valerian root, and melatonin. The documentation stated that the goal of the HELP program is the reduction of opioids. The injured worker's initial HELP evaluation was 8/5/13 and his medications at that time were Percocet 10/325mg, 1 tablet 4 times a day; and MS Contin 3mg, 2 tablets a day. The injured worker was successfully detoxified to the 120mg MED factor. The injured worker entered the [REDACTED] from 10/21/13 through 10/28/13. The injured worker utilized the Final Determination Letter for IMR Case Number CM13-0072451 3 HELP program for drug detoxification from 11/11/13 through 11/15/13 and 11/25/13 through 12/3/13. The injured worker also participated in the HELP detoxification program from 12/4/13 through 12/13/13. The injured worker's medications as of 12/13/13 were a Butrans patch, Gabapentin, Clonidine, Lorazepam, DDAVP, Singulair, Restoril, Imitrex, metoprolol, Zofran, and a daily vitamin. The injured worker was no longer using opioid medication. The documentation stated that the injured worker continued to make strong functional gains, increasing his lifting/carrying tolerance, and meeting his pushing/pulling tolerance goal. The injured worker was able to demonstrate a

walking tolerance of 60 minutes. The injured worker's mood was euthymic and his affect was full range. The injured worker was not experiencing any delusions or hallucinations. The injured worker's treatment goals included increasing functional tolerance to activities of daily living and usual work functions.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PARTIAL-DAY HELP PROGRAM FOR THREE WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The California MTUS recommends chronic pain programs where there is access to programs with proven successful outcomes, for patients with delayed recovery. The guidelines state that utilizing more than 20 sessions requires a clear rationale and reasonable goals to be achieved. The injured worker was recommended an additional three weeks in a partial-day HELP program. However, the clinical documentation does not show evidence as to the number of sessions the injured worker participated in. Also, the documentation does not show the injured worker's pain level, symptoms of anxiety or depression, or the injured worker's functional deficits. Given the lack of documentation to support guideline criteria, the request is non-certified.