

Case Number:	CM14-0002402		
Date Assigned:	01/24/2014	Date of Injury:	10/28/2003
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in New York, Pennsylvania, and Washington. 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 claimant is a 56-year-old male presenting with chronic low back pain following a work-related injury on October 28, 2003. The claimant is status post micro-lumbar decompression and L4-5 fusion, status post C5-6 fusion; status post left shoulder arthroscopy and renal failure on dialysis. On October 21, 2013 the claimant reported ongoing mid and low back pain as well as right upper and lower extremity numbness and tingling on occasion. The claimant reported 5-8 out of 10 pain. The claimant is taking OxyContin 3 times daily and Oxycodone. The physical exam revealed that he is in a wheelchair, there is positive tenderness to palpation of the lumbar paraspinals, range of motion of lumbar spine is decreased in all planes, lower extremity sensation is intact bilaterally, motor exam is limited by pain, decreased range of motion in bilateral upper extremities, 4-5 bilateral upper extremity strength, and decreased sensation in C7 to 8 dermatomes. The claimant was diagnosed with lumbar/sacral disc degeneration, lumbar disc displacement, panniculitis of neck and cervical displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL RESTORATION PROGRAM FOR OPOID DETOX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31,49. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , FUNCTIONAL RESTORATION PROGRAM, 31, 49

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. "The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." The MTUS guidelines also states that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness. In this case, the medical records fail to document the claimant's level of function and previous failed attempts at weaning the claimant's opioid medications. Therefore, the request for a functional restoration program for opioid detox is not medically necessary and appropriate.