

Case Number:	CM14-0004192		
Date Assigned:	02/03/2014	Date of Injury:	06/12/2004
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 06/12/2004. The primary diagnosis is lumbosacral disc degeneration. This patient has been treated for chronic low back pain with a history of an L1 compression fracture. On 12/04/2013, the primary treating physician wrote a narrative letter outlining the patient's symptoms of pain in the lumbar spine radiating into the right lateral hip. The treating physician noted that the patient had been off of Demerol for 3 days and off of Percocet since September or October 2013. She continued to be treated with Fentanyl patch, Celebrex, Prempro, Wellbutrin, Prozac, clonazepam, and Restoril. The patient reported that she would be interested in discontinuing Fentanyl all together and finding a more structured and balanced way to manage her pain. The treating physician indicated that initially a consultation for detoxification was submitted, and he wished to amend that for a consultation regarding participation in a functional restoration program in addition to use of detoxification to discontinue her Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION FOR FUNCTIONAL RESTORATIVE PROGRAM AND POSSIBLE DETOX FROM FENTANYL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs/Chronic Pain Programs.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on functional restoration programs/chronic pain programs, page 32, state that a functional restoration program can be considered after negative predictors of success have been addressed and when other treatments are not warranted. These guidelines would not support a combined functional restoration program and an opioid detoxification program unless there was an established rationale as to why the detoxification could not be accomplished first in a dedicated opioid detoxification program. At this time the medical records do not establish barriers to success have been addressed. The medical records also do not document the absence of other available treatment options. For these reasons, this request is not medically necessary.