

<b>Case Number:</b>	CM14-0004970		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 patient is a 60-year-old male who reported an injury on 12/9/09; the mechanism of injury was cumulative trauma from doing his usual duty as a firefighter. The patient had experienced chronic pain since his injury. On 11/22/13, the patient underwent a comprehensive multidisciplinary pain management evaluation, psychological evaluation, and a physical therapy multidisciplinary evaluation. The evaluations all recommended that the patient participate in a functional restoration program. The reports indicated that the patient was an excellent candidate for a non-surgical approach to recovery from his injuries and would be rehabilitated to a position where he may increase his activities of daily living and functional ability, as well as decrease his opiate medication and possibly wean off completely. The clinical note dated 1/14/14 indicated that the patient was four years post- L2-3 anterior/posterior fusion and a year and a half status post placement of a spinal cord stimulator. The patient still complained of chronic intractable back pain. The patient reported that the stimulator had helped with the posterior buttock and thigh pain; however, the pain was localized to the lumbosacral region. On physical examination, the physician reported the patient had a well healed incision and pain was noted along the lumbosacral junction with forward flexion and extension. An official x-ray of the lumbar spine reportedly revealed a healed fusion. There were no implant problems and there were no adjacent segment changes. The spinal cord stimulator leads enter posteriorly at the T11-12 interval and are along the posterior epidural zone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM (FRP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Program, Functional Restoration Program Page(s): 30-32.

**Decision rationale:** The criteria for injury into a functional restoration program include an adequate and thorough evaluation that has been made including baseline function tests so that follow-up with the same test can note functional improvement, that documentation of previous method of treating chronic pain has been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of inability to function independently resulting from chronic pain, documentation the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and that negative predictors of success have been addressed. Additionally, the Chronic Pain Medical Treatment Guidelines indicate that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by the subject and objective gains. The clinical documentation provided indicated that the patient would benefit from the functional restoration program. However, the request failed to indicate the number of days of which the program was to be attended. As such, the request is not medically necessary.

**90 KADIAN 20MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain, Opioids Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend long-acting opioids for around-the-clock pain relief and indicate it is not for 'as needed' use. The California MTUS Guidelines recommend that there should be documentation of the "4 As" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and appropriate drug behavior. Guidelines also indicate that a pain assessment should occur including current pain, the last reported pain over the period since last assessment, average pain after taking opioids, how long it takes for pain relief, and how long the pain relief lasts. The clinical information provided failed to adequately address the "4 As" to indicate any side effects or aberrant behavior or the patient's last urine drug screen to verify compliance. As such, the request is not medically necessary.

**90 NORCO 10/325MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Page(s): 75,78.

**Decision rationale:** The California MTUS Guidelines recommend that, for ongoing use of opioids, there should be a review of documentation of pain relief, functional status, appropriate medication use, and side effects; these criteria are often referred to as the "4 As" (analgesia, activities of daily living, adverse side effects, and appropriate drug behavior). A pain management session should include current pain, the last reported pain over the period since last assessment, average pain after taking opioids, how long it takes for pain relief, and how long the pain relief lasts. The clinical information provided failed to adequately address the "4 As," including any side effects or aberrant behavior or when the patient's last urine drug screen was to verify compliance. As such, the request is not medically necessary.