

Case Number:	CM14-0008805		
Date Assigned:	02/12/2014	Date of Injury:	09/29/2005
Decision Date:	07/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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 Occupational Medicine 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 female who has submitted a claim for trimalleolar fracture, right ankle, status post open reduction and internal fixation with subsequent hardware removal; chronic lumbosacral strain; compensatory pain, left knee, with probable osteoarthritis; and probable contusion, right knee, with osteoarthritis associated with an industrial injury date of September 29, 2005. Medical records from 2013-2014 were reviewed. The patient complained of chronic low back, knee, and ankle pain. The low back pain was worse with prolonged standing. The pain on both knees goes down to the ankle on the right. The pain was worse with cold weather, prolonged standing, and walking. The right ankle pain has associated intermittent swelling and difficulty walking over uneven surfaces, standing for long periods, and climbing stairs. She has difficulties sleeping at night and she could not get in a comfortable position. Physical examination showed medial and lateral joint line tenderness on both knees. There was a small medial effusion, worse on the right knee than the left. The right ankle has full range of motion but maneuvers to put stress on the ankle are painful. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, open reduction-internal fixation of trimalleolar fracture, multiple ophthalmologic surgeries for right diabetic neuropathy, ankle surgery. Utilization review, dated December 24, 2013, denied the request for 1 initial interdisciplinary evaluation for functional restoration program because there was no evidence of motivation to change or that negative predictors of success have been addressed, the patient is not a surgical candidate, no documented absence of other treatments, and no adequate and thorough evaluation has been made including baseline functional testing. An appeal letter, dated January 20, 2014 states that presence of negative predictors of success are not factors that should preclude a functional restoration program since the patient has already exhausted conservative

management and was trying to avoid surgery for injuries that may not be covered as work related. Furthermore, the program would include an evaluation with a physician and physical therapist to determine baseline functional status as an objective marker to assess gains. The request for Hydrocodone 10/325mg has been modified to Hydrocodone 10/325mg #180 to initiate a weaning process. Another utilization review, dated February 3, 2014, denied the request for 1 prescription of hydrocodone 10/325mg because there was no indication of subjective or objective functional improvement, decreased pain levels or improved quality of life. A utilization review, dated February 18, 2014, also denied the request for 1 initial interdisciplinary evaluation for functional restoration program because additional information was necessary regarding negative predictors of success such as dysthymic disorder, problems with the legal system, economic problems, psychosocial distress, prevalence of opioid use, and pre-treatment levels of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One initial interdisciplinary evaluation for functional restoration program: Upheld

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

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

Decision rationale: According to pages 30-32 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, functional restoration program (FRP) participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. In this case, most recent progress report dated February 3, 2014 states that a functional restoration program will help the patient to delay or avoid surgical intervention for the bilateral knees, help the patient to rationalize her use of narcotics and optimize her medications, and help her with regards to her psychological issues. Recent medical records show that the patient notes depression and states that she will get very sad and cry at times. The patient was also for weaning of her opioid medication but was not able to do it. However, there was no mention that the patient is a candidate of surgical intervention for the bilateral knees. Furthermore, The medical records did not provide an adequate and thorough evaluation of the chronic pain, and baseline functional testing was also not performed. There was also no discussion regarding absence of other options that are likely to result in improvement of the patient's condition. The records did not show evidence of inability to function independently. Moreover, there was no documentation that the patient has motivation to change. The guideline criteria have not been met. Therefore, the request for One initial interdisciplinary evaluation for functional restoration is not medically necessary.

HYDROCODONE 10/325MG #180: Upheld

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

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

Decision rationale: As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Hydrocodone/acetaminophen (Norco) since February 2009. The patient claims that there is improvement of his pain, from 9-10/10 without medications, and 4-5/10 with medication She states that when she uses Hydrocodone, she was able to stand for longer periods, cook in the kitchen, get in and out of the bathtub, and was able to tolerate walking better. Specific measures of analgesia and functional improvements such as improvements in activities of daily living were documented. However, a preliminary urine drug screen was done on February 3, 2014 showing positive for THC (tetrahydrocannabinol), which was not consistent with the prescribed medications. There is evidence of a potentially aberrant drug-related behavior. The guideline criteria have not been met. Therefore, the request for Hydrocodone 10/325mg #180 is not medically necessary.