MAXIMUS Federal Services

Case Number:	CM14-0101662		
Date Assigned:	09/16/2014	Date of Injury:	05/26/2009
Decision Date:	12/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, chronic shoulder pain, and chronic neck pain reportedly associated with an industrial injury of May 26, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; subsequent manipulation under anesthesia surgery; epidural steroid injection therapy; and adjuvant medications.In a utilization review report dated June 24, 2014, the claims administrator denied a request for a functional restoration program evaluation.The applicant's attorney subsequently appealed.In a December 18, 2013, progress note, the applicant reported ongoing complaints of neck and shoulder pain. It was stated that the applicant had already undergone two prior shoulder surgeries. Work restrictions and Percocet were endorsed. It was not clearly stated whether the applicant was working with said limitations in place or not.In a January 9, 2014, progress note, it was stated that the applicant had ongoing complaints of neck and shoulder pain along with depressive symptoms. Elavil, gabapentin, eight tablets of Percocet daily, an MRI imaging of the shoulder, and cervical epidural steroid injection therapy were endorsed. The applicant's work status was not clearly stated.In a June 16, 2014, progress note, the applicant reported an escalation of pain complaints. The applicant was reportedly having more withdrawal symptoms. The applicant apparently complained that neither her attorney nor her insurance adjuster was returning her calls. The applicant was on Percocet, Ativan, Nucynta, Motrin, and Zantac, it was noted. It was stated in one section of the report that the applicant was currently employed and was working full time. In another section of the report, somewhat incongruously, a 10-pound lifting limitation was endorsed. The attending provider acknowledged that the applicant had not demonstrated much efficacy with Lyrica or OxyContin. The applicant was asked to employ Nucynta and Percocet for pain relief. It was

stated that the applicant's depression and chronic pain issues were unchanged. The attending provider stated that a functional restoration program and/or associated evaluation might ameliorate the applicant's pain, depression, and functional complaints.In a June 11, 2014, progress note, it was stated that the applicant was using Lyrica, Percocet, Ativan, OxyContin, Motrin, and Zantac in one section of the note. Another section of the note stated that the applicant was "currently employed" and "working full time." In another section of the note, it was stated that the applicant lacked "sufficient function to renter the workforce," implying that the applicant was not working.The remainder of the file was surveyed. There is little evidence that the applicant had had much in the way of psychotherapy and/or psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program evaluation: 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 Patients with Intractable Pain SectionChronic Pain Program Topic Page(s): 6 32.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a functional restoration program evaluation should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there is no mention of the applicant's willingness to try and make an effort to improve. There is no evidence that the applicant was wiling to forego workers' compensation indemnity benefits in an effort to try and improve. The applicant had seemingly remained off work for large portions of the claim. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that functional restoration program/chronic pain programs should be considered only when there is an absence of other options likely to result in significant clinical improvement. In this case, the applicant's symptoms are predominantly mental health/psychiatric in nature, it has been suggested on several occasions, referenced above. The applicant has developed a variety of issues with depression and anxiety but is apparently not using any psychotropic medications/antidepressant medications. The attending provider has not clearly stated why the applicant cannot continue her rehabilitation through more conventional means, such as psychotropic medications and/or psychological counseling. Therefore, the request for functional restoration program evaluation is not medically necessary.