

Case Number:	CM14-0102851		
Date Assigned:	07/30/2014	Date of Injury:	05/13/2002
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 injured worker is a 57-year-old male who reported an injury on 05/13/2002 due to cumulative injury. Diagnoses were pain in joint, rotator cuff syndrome, obesity, lumbar, postsurgical, status post abdominal hernia repair, peptic ulcer found by upper GI, hypogonadism, hemochromatosis, chronic pain, multifactorial. Past treatment has been physical therapy, TENS unit, and a home exercise program. Diagnostic studies were an MRI of the cervical spine on 04/10/2014, MRI of the lumbar spine on 01/03/2012. Surgical history included 4 shoulder surgeries, 2 back surgeries, and 2 hernia repair surgeries. The injured worker had a physical examination on 07/07/2014 with complaints of chronic daily shoulder pain, back pain, spasms, and constipation. Hoffman and Babinski were negative. The right shoulder abduction was to 90 degrees, flexion was to 90 degrees, not much improvement with passive range of motion maneuver. The examination of the spine revealed cervical, thoracic, lumbar spine range of motion diminished due to pain. Palpable tenderness to the paraspinals was noted. An MRI of the cervical spine on 04/10/2014 revealed C3-7 multilevel broad-based osteophytic complex with right lateral accentuation causing moderate narrowing of the right neural foramen and mild narrowing of the right lateral recess with probable mild encroachment upon the right-sided spinal nerve root. An MRI dated 01/03/2012 revealed minimal scar tissue L5-S1, minimally indenting the left exiting nerve root, no sign of discitis. Medications were Duragesic patch 50 mcg per hour, 1 every 3 days; Norco 10/325 mg, 1 at 3 times a day as needed; Tegaderm with Lidoderm patch 5%; Flexeril 5 mg, 1 at 3 times a day as needed; Ambien CR 12.5 mg 1 at bedtime as needed; and Amitiza 24 mcg 1 twice a day. The treatment plan was for outpatient detox 5 to 10 days and a functional restoration program for 80 hours. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Detox 5-10 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, Page 116; States that use of Opioids May be Considered if: " The Patient has a Signed Pain Contract, Functional Expectations Have Been Agreed to by the Clinician and Patient, Medications will be Provided by Only one Physician, Only Those Medications Prescribed Will be Used by the Patient".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detox Programs, page(s) 42 Page(s): 42.

Decision rationale: The request for outpatient detox 5 to 10 days is not medically necessary. The California Medical Treatment Utilization Schedule states that detoxification programs may be necessary due to intolerable side effects of medications, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or a lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The injured worker has been weaning off his opioid medication. There were no reports of intolerable side effects from the weaning process. The medical necessity for the detoxification program has not been established. Therefore, the request is not medically necessary.

FRS (Functional Restoration Programs) 80 Hours: Upheld

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

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

Decision rationale: The request for FRS (Functional Restoration Program) 80 hours is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that a functional restoration program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program includes and adequate and thorough evaluation that has been made, including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not 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 negative predictors of have success have been addressed. Additionally, it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and

objective gains. It was reported that the injured worker had been cleared for surgery. The injured worker was to have spine surgery. It was not reported why there was not a follow through on this. The criteria states that the injured worker must not be candidate for surgery or other treatments. Therefore, the request is not medically necessary.