

<b>Case Number:</b>	CM14-0104514		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/15/1990
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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:

This case involves an injured worker with a date of injury October 15, 1990. A utilization review determination dated June 19, 2014, recommends non-certification for a detox program and functional capacity evaluation. A progress report dated September 4, 2014, identifies subjective complaints indicating that the 2 treating physicians have tried to keep the patient "as happy as possible. She is best considered super-chronic. Her objectives are not changing. She would like to have a continuation to oral medications ad infinitum." Objective examination findings are not included. Diagnoses include failed back surgery X 3 and right lumbar radiculitis. The treatment plan states that the patient does not wish to be involved in detox. The note goes on to indicate that the patient should see a neurosurgeon or neurologist annually. The patient is on a "tremendous amount of oral medications. We are trying to reduce her oral medication used to no avail." The note goes on to state that the patient "remains at regular work and fully retired." A urine drug screen performed on July 1, 2014 is positive for numerous medications, including medications which are reportedly not prescribed to this patient. A progress note dated June 27, 2014 recommends lowering the use of OxyContin by one pill per day to begin with. A urine toxicology review dated July 1, 2014 makes no comment about the aberrant findings on the urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detox Program:** 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 Page(s): 42 of 127.

**Decision rationale:** Regarding the request for a detox program, California MTUS supports detoxification for indications including intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, it appears this patient may be misusing her medication. However, the urine toxicology report makes no comment regarding the findings which have been identified as inconsistent on the patient's most recent urine drug screen. Additionally, the requesting physician recommended reducing the number of OxyContin by one pill per day. It is unclear whether the prescription was written for a lower quantity, and what the outcome of that reduction might have been. Furthermore, the patient has stated that she is unwilling to attend a detoxification program. Therefore, this request is not medically necessary.

**Functional capacity evaluation (FCE):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. Official Disability Guidelines (ODG) states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Additionally, it is unclear if the patient is retired, or currently working, as the most recent progress report contradict itself on that issue. As such, the requested functional capacity evaluation is not medically necessary.