

<b>Case Number:</b>	CM14-0108562		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/01/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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:

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 47-year-old male who reported an injury on 12/01/2013. The mechanism of injury was not provided for clinical review. The diagnoses included lumbosacral strain, right rotator cuff strain, biceps tendonitis, chronic nonspecific low back pain, and status post inguinal hernia repair. Previous treatments included home exercise, cold/heat packs, and medication. Within the clinical note dated 05/27/2014, it was reported the injured worker complained of neck and "upper low back pain" going to his legs. The injured worker described the pain as radiating, cramping, sharp, and stabbing across his low back. The injured worker complained of issues with bowel dysfunction. Upon the physical examination, the provider noted the injured worker's lumbar range of motion was limited by pain. The upper extremities sensory examination was intact to light touch. Deep tendon reflexes were 2/4 at the biceps. The provider noted the injured worker had a positive Hawkins, Speed's, and SI joint compression test. The provider noted the injured worker had tenderness to palpation of the biceps tendon and AC joint on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Functional Restoration Program Eval to determine candidacy for entry into the FRP:**

Upheld

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

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

**Decision rationale:** The request for Functional Restoration Program Evaluation to determine candidacy for entry into the FRP is not medically necessary. The California MTUS Guidelines recommend chronic pain programs (Functional Restoration Programs) where there is access to a program with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria including an adequate and thorough evaluation have been made, including baseline functional testing so follow-up with the same test can note functional improvement. The previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The injured worker has a significant loss of ability to function independently resulting from the chronic pain. The injured worker is not a candidate for surgery and other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery can be avoided). The injured worker exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. Negative predictors of success above have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is a lack of documentation indicating the injured worker had undergone a baseline functional testing so follow-up tests can note functional improvement. There is a lack of documentation of previous unsuccessful conservative therapy in the documentation submitted. There is a lack of documentation indicating the injured worker had significant loss of the ability to function independently resulting from chronic pain. Therefore, the request is not medically necessary.

**Quazepam (unspecified quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Quazepam (unspecified quantity) is not medically necessary. The California MTUS Guidelines do not recommend Quazepam for long term use because of its long term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of Quazepam to 4 week. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guideline recommendation of short term use of 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Amitiza (unspecified quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**Decision rationale:** The request for Amitiza (unspecified quantity) is not medically necessary. The California MTUS Guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency and quantity of the medication. The request as submitted failed to provide the dosage of the medication. Therefore, the request is not medically necessary.