

Case Number:	CM14-0129192		
Date Assigned:	08/18/2014	Date of Injury:	06/18/2012
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 Illinois. 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 43-year-old male who reported an injury on 06/18/2012 after carrying a heavy object. The injured worker reportedly sustained an injury to his back and knee. The injured worker failed conservative measures and was authorized 60 hours of a functional restoration program. Functional Restoration Program Integrative Summary Report from 07/28/2014 to 07/29/2014 noted that the injured worker had participated in 60 hours of a functional restoration program and an additional 80 hours was being requested. The injured worker's medications included Cymbalta 60 mg, naproxen 500 mg, and Norco 10/325 mg. It was documented that the injured worker had significant proof of improvements both psychologically and emotionally; however, continued to have both emotional and functional deficits that would benefit from additional treatment. A letter of appeal dated 08/05/2014 clearly outlined treatment goals of the requested additional functional restoration program hours. A Request for Authorization for a continuation of a HELP Program was submitted on 08/05/2014. A Request for Authorization for a refill of medications was submitted on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #90 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefits, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain relief related to the injured worker's medication usage to support continued use of this medication. Furthermore, the clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported in this clinical situation. Also the request includes 2 refills. This does not allow for timely reassessment and re-evaluation to support efficacy and continued use. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #90 with 2 refills is not medically necessary or appropriate.

FRP (Functional Restoration Program) treatment for 80 hours: Overturned

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

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

Decision rationale: The requested functional restoration program treatment for 80 hours is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends ongoing functional restoration programs to an additional 2 weeks and 160 hours for injured workers who have completed an initial 2 week trial with documented functional benefits both psychologically and physically. The clinical documentation submitted for review does indicate that the injured worker has both subjective and objective increases secondary to the initial trial of treatment. Therefore, ongoing treatment would be supported. The requested 80 hours in combination with the already completed 60 hours falls within the 160 hour guideline recommendation. Therefore, continuation of the functional restoration program would be supported in this clinical situation. As such, the requested functional restoration program treatment for 80 hours is medically necessary and appropriate.