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| <b>Case Number:</b>   | CM14-0156602 |                              |            |
| <b>Date Assigned:</b> | 09/26/2014   | <b>Date of Injury:</b>       | 10/28/1995 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 08/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/24/2014 |

### 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, has a subspecialty in Interventional Spine 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 patient is a 61-year-old male with a date of injury of 10/28/1995. The listed diagnoses per are: Status post L4-L5 fusion 1996, Status post C5-C7 ACDF in 1999, Status post right radial fracture in 2005, Status post L2-L3 laminectomy in 2007 with resolved left foot drop, Chronic left C6 radiculopathy, Status post tibial plateau fracture status post ORIF in 2012, and Opioid and benzo dependence. According to progress report 08/12/2014, the patient has sustained multiple injuries and has undergone several surgeries as a firefighter. The patient has been treated with surgeries, medication, and injections. It was noted the patient has been on opioids for over a decade, and "he is quite concerned as to how he will reduce or get off of them." Attempts as an outpatient have been unsuccessful, and the patient is interested in participating in a Functional Restoration Program to assist him in making these medication changes. The patient's current medication regimen includes methadone 5 mg, Norco 4 to 6 tablets per day, Klonopin 1 mg, Zoloft 100 mg, Motrin p.r.n., metaxalone 800 mg, Benadryl p.r.n., and Clarinex 5 mg. Treater states the patient underwent a multidisciplinary evaluation which included physical therapy examination, pain psychologist evaluation, baseline functional testing and negative predators of success were addressed. This is a request for 30 days of participation in a Functional Restoration Program, 5 days per week for 6 weeks. Utilization review denied the request on 08/26/2014. Treatment reports from 05/07/2013 through 08/12/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Days of functional restoration program (5 days per week for 6 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**Decision rationale:** This patient presents with chronic low back and neck pain. The treater is requesting a 30-day participation in a Functional Restoration Program, 5 days a week for 6 weeks. The MTUS Guidelines page 30 and 33 has the following under chronic pain programs (Functional Restoration Programs), "recommended where this is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Total treatment duration should generally not exceed 20 full day sessions (or the equivalent in in-part session if required by part-time work, transportation, child care, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS states that any treatment that is in excess of 20 full day sessions requires a clear rationale for the specified extension with care plan and proven outcomes. The treater is requesting an initial 30 days in the Functional Restoration Program which exceeds what is recommended by MTUS. Recommendation is for denial.