MAXIMUS Federal Services

Case Number:	CM14-0183997		
Date Assigned:	11/10/2014	Date of Injury:	04/22/2003
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome and chronic neck pain reportedly associated with an industrial injury of April 22, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medication; topical agents; unspecified amounts of physical therapy over the course of the claim; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 30, 2014, the claims administrator denied a request for 10 initial sessions of a functional restoration program. The claims administrator stated that the applicant's continuing to smoke represented a negative predictor of success, as did familial issues with the recent demise of the applicant's mother. The applicant's attorney subsequently appealed.In a progress note dated October 9, 2014, the applicant was described as unchanged. The applicant's medication list included Lidoderm, Neurontin, Norco, Celebrex, Voltaren, OxyContin, Flexeril, Desyrel, and Motrin. The applicant was given a refill of Norco. The applicant was asked to stop usage of OxyContin and cease smoking. The applicant's work status was not furnished. In a progress note dated August 14, 2014, the applicant reported ongoing personal and familial stressors. The applicant's daughter had some health issues, it was stated. The applicant was again described as using Norco, Lidoderm, Neurontin, Celebrex, Voltaren, OxyContin, and Flexeril. Laboratory testing was endorsed. Trazodone was introduced. Norco, OxyContin, and Flexeril were sought. The note was somewhat difficult to follow and mingled old complaints with current complaints. The applicant was apparently permanent and stationary and did not appear to be working with permanent limitations in place. On September 11, 2014, the attending provider sought authorization for a chronic pain program/functional restoration program and associated evaluation on the grounds that the applicant had pain complaints out of proportion to objective findings. On November 7, 2014, authorization was sought for a 10-session coping

skills group class. It was stated that psychological counseling would help the applicant to try and rehabilitate. On November 6, 2014, the applicant acknowledged that she had become depressed and frustrated owing to her physical constraints and limitations. Additional physical therapy was sought. The applicant was asked to continue multiple medications, including trazodone for pain relief and insomnia. On October 28, 2014, an appeal letter was issued for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 10 sessions: 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 Chronic Pain Programs topic Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program or chronic pain program is that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, however, psychological counseling/group coping skills classes were sought on November 7, 2014. On November 6, 2014, physical therapy was endorsed. Trazodone, a psychotropic medication, was apparently introduced relatively recently, on August 14, 2014. Thus, it does not appear that there is an absence of other options likely to result in significant clinical improvement. The applicant is receiving psychological counseling, group skills coping classes, and physical therapy, all of which could potentially generate improvement here. Similarly, the applicant does not appear to have optimized psychotropic medication management. Psychotropic medications in the form of trazodone were only relatively recently introduced. Contrary to the suggestions of the attending provider, thus, there are many other options here which are likely to generate significant improvement besides the proposed functional restoration program. Therefore, the request for 10 Sessions of Functional Restoration Program is not medically necessary.