MAXIMUS Federal Services

Case Number:	CM14-0029944		
Date Assigned:	03/11/2014	Date of Injury:	08/09/2012
Decision Date:	04/03/2014	UR Denial Date:	02/28/2014
Priority:	Expedited	Application Received:	03/10/2014

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, chronic low back pain, myofascial pain syndrome, marijuana dependence, diabetes, and hypogonadism reportedly associated with an industrial injury of August 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agent; and extensive periods of time off of work. In a utilization review report of February 28, 2014, the claims administrator denied a request for a HELP functional restoration program, stating that there is no evidence that the applicant had exhausted other treatment options before the functional restoration program was considered. A September 12, 2013 note is notable for comments that the applicant reports longstanding multifocal low back pain radiating to the right leg. The applicant is smoking three packs a week. The applicant is unemployed. The applicant is on Xanax, metformin, OxyContin, oxycodone, quinapril, Duragesic, Lyrica, Phenergan, AndroGel, Lidoderm, Amoxil, and Zanaflex. Tender points, an antalgic gait, and 5/5 lower extremities have been noted. Physical therapy is endorsed, along with epidural steroid injections and electrodiagnostic testing. On February 21, 2014, the treating provider states that the applicant is doing quite well with outpatient detoxification services. The applicant is presently on Suboxone. The applicant is also on Lyrica, it is noted. He remains depressed. It is stated that he should try and detoxify himself from Suboxone and that he should obtain HELP functional restoration program so as to facilitate his returning to work. He had previously dropped out of college. It is stated that he is highly motivated and is a candidate to participate in the functional restoration program. It is stated that the applicant has financial constraints, wishes to care for young son, and would reportedly like to return to work and/or return to college. The applicant has a medical marijuana card, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT HELP FUNCTIONAL RESTORATION PROGRAM EVALUATION:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32, 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is "prepared to make the effort," an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. In this case, the attending provider and/or the applicant have seemingly suggested that the applicant is intent on improving, is intent on returning to work, is intent to returning to school, is intent on ceasing opioids, etc. The applicant has reportedly weaned himself off of several opioid agents and transitioned to Suboxone. It is stated that the applicant has already improved and is motivated to further improve. Therefore, as suggested on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.