

<b>Case Number:</b>	CM14-0045077		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 underlying date of injury in this case is 09/15/1998. The treating diagnoses include shoulder impingement, cervicgia, cervical sprain, and cervical radiculopathy. The primary treating physician follow-up note dated 11/19/2013 states that the patient has ongoing pain in her neck and shoulder which had persisted. That note delineated that the patient was benefitting from acupuncture and physical therapy although continued with ongoing functional loss and required Hydrocodone as well. The treating physician recommended continued physical therapy and also recommended a Functional Capacity Evaluation for baseline testing as part of a functional restoration program initial evaluation. The patient underwent a functional restoration program initial evaluation on 03/17/2014. That note indicates that the patient previously participated in a functional restoration program and this program was cut short with interruptions in staffing. The patient could not get comprehensive follow through and did not complete that program. Overall the functional restoration program evaluation noted that the patient had sustained functional deficits and met the criteria for enrollment in a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ACE 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids regarding chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management in detail. The medical records in this case do not meet these 4 A's of opioid management. The treatment guidelines do not generally recommend opioids for chronic pain. In particular, the medical records do not clearly document functional benefit from opioid use. A rationale or indication for ongoing opioid use is not apparent at this time. This request is not medically necessary.

**Functional Restoration Program two times a week for five weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 32.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on functional restoration programs, page 32, notes that criteria for such a program includes that an adequate a thorough evaluation has been made and that integrative summary reports are available. The medical records indicate that this patient previously was enrolled in a functional restoration program. Prior integrative summary reports and clinical notes regarding the patient's treatment in that program have not been provided at this time. The guidelines do not support re-enrollment in a functional restoration program unless it is a specific exception or clinical reason to support such a rationale. Therefore, without the available of further detail requiring the prior functional restoration program, it is not possible to support an indication for this request at this time. This request is not medically necessary.