

Case Number:	CM14-0047703		
Date Assigned:	06/25/2014	Date of Injury:	07/23/2001
Decision Date:	08/05/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/31/2014

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 57-year-old female with a date of injury of 07/23/2001. The listed diagnoses are: History of alcohol addiction, now in recovery, for past 12 years. History of cocaine addiction, now in long-term recovery. Ongoing tobacco addiction. Physical dependence on prescribed opioid without abuse or addiction, but with aberrant behaviors and inconsistent UDS showing cocaine metabolite in her urine, Significant adverse effects on opioids, Depression, Panic disorder, Rule out substance-induced mood disorder, Sleep disorder, Decreased libido, Chronic pain syndrome, Chronic cervical spine disease and Impingement syndrome of the right shoulder. According to outpatient drug optimization and detoxification report by [REDACTED], the patient is on her 10th and final day in [REDACTED] detoxification services. She is currently completely off her opioid medication. The treater reports that the patient is doing well and her most urine drug testing has revealed the absence of any recreational drugs. The treater believes the patient is an excellent candidate for [REDACTED] Functional Restoration Program. The patient is not a surgical candidate, and she has tried conservative therapy with continued pain and decreased ADLs and is not able to return to work. The physician is requesting an evaluation for the HELP Functional Restoration Program. Utilization review denied the request on 03/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 One Time Intensive Interdisciplinary Evaluation With [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 49 has the following regarding functional restoration program:Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: This patient is on her 10th and final day in [REDACTED] Detoxification Program. It was noted that she is doing well and has been completely off her opioids. The physician requests an one-time intensive interdisciplinary evaluation. Utilization review denied the request quoting ODG guidelines but there is not rationale. The MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, the physician is requesting an evaluation as the patient may be a candidate for the [REDACTED] program, due to patient's chronic pain. An evaluation is reasonable and supported by MTUS. Recommendation is for authorization.