

Case Number:	CM14-0073205		
Date Assigned:	07/16/2014	Date of Injury:	05/15/2013
Decision Date:	09/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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:

This patient is a 32 year old male employee with date of injury of 5/15/2013. A review of the medical records indicate that the patient is undergoing treatment for microfractures on the dorsum of the hand and tendon, ligament and nerve damage, depressive disorder, and anxiety disorder. Subjective complaints include right upper extremity pain (5/8/2014) and right hand radiating up to the shoulder; tremors and headaches; anxiety (5/8/2014). Objective findings include the following: Urine screening tested positive for cocaine (5/8/2014). Treatment has included Buprenorphine for weaning (5/8/2014) (patient felt this did not assist with pain). Additional medications as of 5/15/2014 included Gabapentin 600mg #60, Naproxen Sodium-anaprox 550mg #90 2/day for anti-inflammatory, Pantoprazole-protonix 20mg #60 2/day (for GIprophylaxis), Baclofen 10mg 3/day, Cyclobenzaprine 7.5mg 1/day, Lidopro Ointment 4.5%-27.5%- 0.0325 %-10%, Lyrica 75mg 2/day, Oxycodone Hcl 10mg 8/day, Oxycontin 30mg 6/day, Topiramate 25mg 2/day. Patient had gone into detox program but was discharged on high doses of OxyContin and oxycodone, per medical notes dated 5/8/2014. On 5/8/2014, the treating physician writes "based on his opioid use history, and the results from toxicology screen, and initial consultation UDS which was positive for alcohol, we do have concern for a substance abuse problem . . ." Additionally medical records indicate that the patient started with at least two weeks of functional restoration program. During the first week, medical documents indicate that the patient missed several days and left treatment mid-day abruptly. The utilization review dated 5/15/2014 was modified to partial medically necessary for the request for; [REDACTED] Functional Restoration Program; from 160 hours to 80 hours due to lack of documentation for sufficient need for 160 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Functional Restoration Program; 160 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Program, Functional Restoration Program.

Decision rationale: MTUS states "Long-term evidence suggests that the benefit of these programs diminishes over time", "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." and "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." ODG states "If a primary reason for treatment in the program is addressing possible substance use issues, an evaluation with an addiction clinician may be indicated upon entering the program to establish the most appropriate treatment approach (pain program vs. substance dependence program). This must address evaluation of drug abuse or diversion (and prescribing drugs in a non-therapeutic manner). In this particular case, once drug abuse or diversion issues are addressed, a 10-day trial may help to establish a diagnosis, and determine if the patient is not better suited for treatment in a substance dependence program." The treating physician clearly indicated that he was concerned about possible substance abuse problems given drug testing results. Subsequent notes from the first and second week of the functional restoration program indicate significant compliance issues that may warrant reservations for further continuation of the restoration program. The initial modified approval for 80 hours of functional restoration program was appropriate, as the medical documents did not provide adequate information for a full 160 hour program. As such, the request for ██████████ ██████████ Functional Restoration Program; 160 hours was not medically necessary at the time of request.