

Case Number:	CM13-0069463		
Date Assigned:	01/03/2014	Date of Injury:	03/01/2011
Decision Date:	03/27/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 1, 2011. In a utilization review report dated December 4, 2013, the claims administrator failed to approve a request for a 160-hour functional restoration program. The claims administrator referenced a progress note and an RFA form of November 21, 2013 in its determination. The applicant's attorney subsequently appealed. In a progress note dated November 6, 2013, the applicant reported ongoing complaints of right upper extremity pain. The applicant was using Naprosyn for pain relief. A multidisciplinary pain management program was endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an October 9, 2013 consultation, the applicant reported ongoing issues with thumb pain, hand pain, elbow pain, and upper extremity pain. The applicant also had developed issues with depression, it was noted. The applicant was apparently unwilling to pursue a CMC joint arthroplasty for thumb arthritis. The applicant was seemingly off of work, it was acknowledged. The applicant was no longer working as a cook. A rather proscriptive 10-pound lifting limitation was endorsed, seemingly resulting in the applicant's removal from the workplace. An evaluation for pursuit of a functional restoration program was endorsed. In chiropractic notes of August 13, 2013 and June 4, 2013, the applicant was placed off of work, on total temporary disability. In a functional restoration program evaluation of November 21, 2013, it was acknowledged that the applicant was using Naprosyn, Prilosec, tizanidine, and loratadine. Ongoing complaints of upper extremity pain, anxiety, and fatigue were evident. The applicant was using tizanidine for sleep

purposes. The applicant was given various diagnoses, including chronic pain syndrome and major depressive disorder (MD) with associated global assessment of functioning (GAF) of 50. 160-hour functional restoration program was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

████████████████████ FUNCTIONAL RESTORATION PROGRAM (NCFRP) 160 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): Chronic Pain Medical Treatment.

Decision rationale: No, the proposed 160-hour functional restoration program is not medically necessary, medically appropriate, or indicated here. 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/chronic pain program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, all evidence on file points to the applicant as having received minimal-to-no treatment for underlying psychological issue/major depressive disorder. The applicant had a global assessment of functioning (GAF) of 50 evident on the November 21, 2013 functional restoration program (FRP) evaluation. It does not appear that other appropriate options or evidence for treating chronic pain-induced depression, namely, psychotropic medications and conventional psychotherapy, have been employed and/or exhausted here. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy. Here, thus, the request for 160 hours or four weeks of treatment via the proposed functional restoration program does not contain a proviso to reevaluate the applicant in the midst of treatment so as to ensure a favorable response of the same before moving forward with the remainder of the program. Therefore, the request was not medically necessary.