

<b>Case Number:</b>	CM14-0001373		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/27/2008
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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. 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, New York, 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 41-year-old who has filed a claim for chronic upper extremity pain and paresthesias reportedly associated with an industrial injury of August 27, 2008. In a Utilization Review Report dated December 9, 2013, the claims administrator denied a functional restoration program evaluation. The applicant's attorney subsequently appealed. On December 26, 2013, the attending provider appealed topical compounded ketamine and the functional restoration program evaluation at issue. The applicant apparently had issues with depression, anxiety, difficulty ambulating, difficulty negotiating stairs, inability to travel, inability to travel, inability to socialize, difficulty concentrating, etc. The treating provider suggested that the applicant employ topical ketamine on the grounds that the applicant had failed to Neurontin and Topamax. The functional restoration program evaluation request was also reiterated. On October 24, 2013, the applicant was described as having ongoing issues with depression, but was not using any psychotropic medications, including tramadol, Voltaren, Neurontin, capsaicin, was various analgesic medications including capsaicin cream, Neurontin, topical Voltaren and oral tramadol. The applicant's work status was not clearly stated, although one session suggested that the applicant was continuing to work. Similarly, a later note dated February 24, 2015 also suggested that the applicant had returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Functional Restoration Program evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program (FRPs).

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

**Decision rationale:** No, the request for a functional restoration program evaluation was 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 functional restoration program and, by implication, the evaluation at issue here, is evidence that an applicant has a significant loss of ability to function independently resulting from chronic pain. Here, however, the applicant did not appear to have a significant loss of function associated with her chronic pain issues. The applicant has in fact returned to regular duty work, despite her various chronic pain, and/or depressive issues. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another criteria for pursuit of functional restoration program is evidence that there is an absence of other options likely to result in the significant clinical improvement. Here, the applicant has the ability to return to work. The applicant was apparently deriving appropriate analgesia from her various analgesic medications. It did not appear, in short, that there was an absence of other options likely to result in clinical significant improvement. It was further noted that the applicant did not appear to have received much in the way of treatment for her mental health issues, which, per both progress notes of 2013 and 2015 were predominant. It was not clear why the conventional outpatient office visit, psychological counseling, psychotropic medications etc., cannot be employed here in lieu of the functional restoration program at issue. Therefore, the request was not medically necessary.