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| Case Number: | CM14-0193541 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 08/17/2011 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Family Medicine, and is licensed to practice in Ohio. 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 injured worker is a 50-year-old female, with a reported date of injury of 08/17/2011. The result of injury includes low back pain, right knee pain, insomnia, and right leg pain. The diagnoses include right knee internal derangement, status post arthroscopy, retropatellar chondroplasty and anterior synovectomy; right knee pain; right sciatica; pain-related insomnia; and lateral cutaneous femoral nerve of thigh compression syndrome. Treatments have included Norco; Subutex; Gabapentin; Flexeril/Flurbiprofen compounded ointment; Butrans patch; Percura; and Tramadol. Documentation noted that the injured worker had been denied all of her medications. The progress report (PR-2) dated 10/27/2014 indicated that the injured worker presented in severe distress. She rated her pain a 10 out of 10, and complained of pain in her back, radiating to her buttock and both legs. She also complained of having a headache. The injured worker mentioned that she was having complete withdrawal symptoms. She admitted to taking five (5) or six (6) Tramadol tablets on 10/26/2014, without relief. The treating physician indicated that the injured worker appeared to be in acute withdrawal syndrome, and in severe distress. She was constantly moving and changing positions. Without pain medications, the injured worker's pain was rated 10+ out of 10, and with pain medications, the pain was rated a 7 out of 10. She was given Subutex 2mg while in the office to help with pain relief and withdrawal symptoms, which reduced the pain approximately 25%. After a second dosage of 2mg, the pain was reduced approximately 50%. The progress report (PR-2) dated 10/21/2014 indicated that the injured worker required the NESP-R program for narcotic detoxification to provide a smooth transition off of the narcotics, and that this was her only option. The medical records provided include the laboratory results for specimens collected from 03/17/2014 through 11/06/2014. On 11/04/2014, Utilization Review (UR) denied the request for a ten (10) day participation in a nutrition, emotional/psychological, social/financial, and physical revised

system for narcotic detoxification. The UR physician cited the MTUS Chronic Pain Guidelines, and noted that the injured worker was not currently taking opioid medications; there was no documentation that she was motivated to change and was willing to forgo secondary gains; and there was no documentation that negative predictors of success had been addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Day Participation in a Nutrition, Emotional/Psychological/Social/Financial, and Physical - Revised System for Narcotic Detoxification: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), chronic pain programs (functional restoration programs)

Decision rationale: At issue here is a request for what is essentially a multidisciplinary pain management program with elements of opioid detoxification and pain control. Among the requirements for entrance into such a program includes the provision that there should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. In questionable cases, an opportunity for a brief treatment trial may improve assessment of patient motivation and/or willingness to decrease habituating medications. Additionally, an adequate and thorough multidisciplinary evaluation has been made. This should include pertinent validated diagnostic testing that addresses the following: (a) A physical exam that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized. Although the primary emphasis is on the work-related injury, underlying non-work related pathology that contributes to pain and decreased function may need to be addressed and treated by a primary care physician prior to or coincident to starting treatment; (b) Evidence of a screening evaluation should be provided when addiction is present or strongly suspected; (c) Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and/or locus of control regarding pain and medical care) or diagnoses that would better be addressed using other treatment should be performed; (d) An evaluation of social and vocational issues that require assessment. In this instance, the documentation provided does not indicate that the injured worker has motivation to change and is willing to modify her pain medication regimen. Additionally, there is no pre-program psychological testing submitted to suggest potential therapeutic targets within such a program. The injured worker has had urine

drug screening which has revealed the presence of anti-depressant medication but that is the extent of the psychologic/psychiatric information provided for review. As such, the requirements for entry into a multidisciplinary pain management program do not appear to have been satisfied. Consequently, 10 Day Participation in a Nutrition, Emotional/Psychological/Social/Financial, and Physical - Revised System for Narcotic Detoxification is not medically necessary in accordance with the guidelines cited.