MAXIMUS Federal Services

Case Number:	CM14-0200758		
Date Assigned:	12/03/2014	Date of Injury:	03/13/2001
Decision Date:	01/30/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, low back pain and psychological stress reportedly associated with an industrial injury of March 13, 2001.In a Utilization Review Report dated October 31, 2014, the claims administrator denied request for a functional restoration program and glucosamine. The claims administrator noted that the applicant was status post earlier cervical fusion surgery. The claims administrator stated that the applicant did not have issues with secondary arthritis for which glucosamine was indicated. The claims administrator referenced an October 15, 2014 progress note in its denial.In said progress note of October 15, 2014, the applicant reported ongoing complaints of low back pain, neck pain, headaches, and bilateral knee pain, collectively rated at 7-8/10. The applicant was given prescriptions for Lyrica and glucosamine. It was stated that glucosamine was being endorsed for "joint nutrition." The applicant was asked to continue permanent work restrictions. The applicant was not working, it was acknowledged. A functional restoration program was also sought via an October 15, 2014 RFA form.In a medical-legal evaluation dated September 29, 2005, it was acknowledged that the applicant was not working, and had remained off of work for large portions of the claim.On June 30, 2014, the applicant reported global pain complaints. The applicant continued to request 24 hours a day, 7 days a week home characteristics. The applicant felt that she was extremely disabled. The applicant was asked to continue Ultram, Lyrica, Lunesta, and Lidoderm. The applicant was receiving Seroquel, Cymbalta, Ambien, and melatonin through a psychiatrist. The applicant appeared quite depressed, it was acknowledged. The applicant was described as remaining "permanently disabled." On June 30, 2014, the applicant was described as having a variety of pain complaints, one of which stems out from right knee patellofemoral arthralgia. The applicant was 56 years old, it was stated, as of this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

Decision rationale: 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 includes evidence that an applicant is motivated to change and is willing to forego secondary gains to effect that change. In this case, however, the progress notes on file suggest that the applicant appears intent on maximizing disability benefits and workers' compensation indemnity benefits. It did not appear that the applicant is intent on returning to workplace and/or workforce. The progress notes, referenced above, contained no references to the applicant's willingness to forego disability or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that another criteria for pursuit of functional restoration program/chronic pain programs include evidence of previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, however, all evidence on file points to the applicant's mental health issues and poorly controlled depression as significant sources of residual impairment. It does not appear that psychiatric treatment and/or psychotropic medication management had or has been optimized prior to pursuit of the functional restoration program at issue. Therefore, the request is not medically necessary.

Cosamin DS #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines glucosamine is indicated in the treatment of pain associated with arthritis and, in particular, that associated with knee arthritis. Here, the attending provider explicitly stated on June 30, 2014, that the applicant had issues with right knee arthritis/right knee arthralgia. Provision and/or ongoing usage of glucosamine was, thus, indicated, as suggested on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines given its low risk. Therefore, the request is medically necessary.