

Case Number:	CM14-0202824		
Date Assigned:	01/30/2015	Date of Injury:	12/31/1994
Decision Date:	03/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/04/2014

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, 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] employee who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of December 31, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; total knee arthroplasty procedure; opioid therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve request for functional restoration program evaluation. The claims administrator referenced progress note of November 17, 2014, and associated RFA form of November 24, 2014, in its determination. In a May 19, 2014 progress note, the applicant reported persistent complaints of bilateral knee pain. The applicant posited that his opioid medications were helping him function. The applicant had comorbidities including coronary artery disease status post bypass grafting and skin cancer. The applicant's medications included Prilosec, Ambien, Norco, Toprol, Lipitor, Zetia, and AndroGel. The applicant stands 5 feet 9 inches tall and weighs 180 pounds. The applicant was asked to continue Norco. The attending provider stated that the applicant was swimming on several occasions weekly. In a September 26, 2014 progress note, the applicant reported persistent complaints of knee pain. The attending provider stated that the applicant's knee pain was appropriately palliated with ongoing opioid therapy. The attending provider stated that the applicant was swimming four times weekly, despite his pain complaints. A gym membership was endorsed. It was suggested that the applicant needed access to a pool for continuing exercising. On November 17, 2014, the attending provider suggested that the applicant enroll in a functional restoration program on the grounds that the applicant had had a recent flare of pain

and had deteriorated of late. The attending provider stated that the applicant was using over 60 Morphine equivalents a day and should therefore obtain a functional restoration program evaluation. The attending provider then stated, somewhat incongruously, that the only opioid the applicant was taking was Norco 10/325 three tablets daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment via multidisciplinary pain program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was no explicit statement that the applicant was willing to make the effort to try and improve. There was no mention of the applicant's willingness to try and return to work, for instance. The documentation on file suggested that the attending provider was intent on continuing the applicant's current opioid regimen. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that criteria for pursuit of a functional restoration program include evidence that previous methods of chronic pain have proven unsuccessful and absence of other option is likely to result in significant clinical impairment. Here, the attending provider did not clearly establish why the applicant could not continue treatment through conventional outpatient office visits, analgesic medications, adjuvant medications, etc. Therefore, the proposed functional restoration program evaluation was not medically necessary.