MAXIMUS Federal Services

Case Number:	CM14-0217167		
Date Assigned:	01/07/2015	Date of Injury:	08/11/2003
Decision Date:	05/01/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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 55-year-old [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 11, 2003. In a Utilization Review report dated December 19, 2014, the claims administrator failed to approve a request for a functional restoration program/chronic pain program. The claims administrator noted that the applicant had undergone earlier shoulder surgery and earlier hip surgery. The claims administrator referenced an RFA form received on December 12, 2014 in its determination. The applicant's attorney subsequently appealed. On October 9, 2014, the applicant reported multifocal pain complaints, low back pain, shoulder pain, and associated issues with depression. The applicant was using a walker to move about. The applicant was having difficulty performing household chores, it was acknowledged. The applicant was given refills of Percocet, morphine, and topical compounds. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. On October 31, 2014, the applicant's orthopedist noted that it was difficult to identify what proportion of the applicant's pain complaints were orthopedic in nature versus rheumatologic in nature. The applicant was apparently receiving methotrexate from her rheumatologist. The applicant was asked to follow up with rheumatology to optimize rheumatologic medication management. In a March 5, 2015 progress note, difficult to follow, the attending provider reiterated his request for a functional restoration program. The attending provider stated that the applicant would be better served transferring care elsewhere. Morphine and Percocet were renewed. The attending provider stated that the applicant had a pending psychological evaluation. The note was very difficult to

follow and mingled historical issues with current issues. The applicant was apparently on a variety of immunomodulatory medications for rheumatoid arthritis, several of which were not entirely successful. The applicant had developed depressive symptoms, it was further noted. The applicant's medication list included Percocet and morphine, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management 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 (functional restoration programs) Page(s): 32.

Decision rationale: No, the proposed pain management program or functional restoration program 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 a functional restoration program or chronic pain program is evidence that an applicant exhibits the motivation to change and is willing to forego secondary gains, including disability payments, in an effort to effect said change. Here, however, there was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criteria for pursuit of a functional restoration program is evidence that there is an absence of other treatment options likely to result in significant clinical improvement. Here, the applicant apparently had a variety of rheumatologic issues and/or depressive issues. The requesting provider acknowledged that the applicant's rheumatologic issues were not well controlled and were obfuscating the extent of the applicant's pain complaints associated with her industrial injury. The attending provider also acknowledged that the applicant had psychiatric and/or psychological issues which were not seemingly being treated. The applicant was not using any psychotropic medications as of March 2015, it was acknowledged. It appears, thus, there were/are a variety of other treatment options which could potentially be beneficial here, outside of the chronic pain management program in question. Therefore, the request was not medically necessary.