

<b>Case Number:</b>	CM15-0109801		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	10/09/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year old male, with a reported date of injury of 10/09/2008. The diagnoses include chronic neck pain, cervical degenerative disc disease, status post anterior cervical discectomy and fusion, pain-related insomnia, situational depression/anxiety, and opiate-related constipation and nausea. Treatments to date have included physical therapy, exercise, oral medications, counseling, cervical spine fusion, radiofrequency ablation, trigger point injections, and rest. The medical report dated 04/09/2015 indicates that the injured worker stated that he could not function, was depressed, and wanted to get off the drugs/medications. He complained of left upper extremity numbness and shooting pain, pain radiating from his neck to his lumbar spine area, and bilateral thigh cramps; depression; social isolation; and severe dysfunction in his activities of daily living. He complained of pain in the neck, left upper extremity, back, and thighs. He rated his pain 6-10 out of 10 over the previous year with daily opioid use. The objective findings include walking without assistance or guarding. The treating physician requested 8-10 weeks of comprehensive residential functional restoration program, strengthening, weight loss, and opiate detox. It was noted that the injured worker had eleven symptoms of a severe chronic pain syndrome and he was ready and motivated for full detoxification, functional restoration, and self-management of chronic pain. It was also noted that the injured worker's pain syndrome would appear to be suitable for intensive functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**██████ pain management 8-10 weeks of comprehensive residential FRP, strengthening, weight loss, opiate detox: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Criteria for the general use of multidisciplinary pain management programs, Early interventions, Intensity, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs exercise Detoxification Page(s): 49, 42, 46-47. Decision based on Non- MTUS Citation Official disability guidelines Pain chapter, discusses detoxification.

**Decision rationale:** Based on the 04/09/15 progress report provided by treating physician, the patient presents with left upper extremity numbness and shooting pain, radiating from his neck to the lumbar spine, bilateral thigh cramps, depression, social isolation, and severe dysfunction in ADL's. The patient is status post anterior cervical fusion C5-6 and C6-7 04/15/09. The request is for PACIFIC PAIN MANAGEMENT 8-10 WEEKS OF COMPREHENSIVE RESIDENTIAL FRP, STRENGTHENING, WEIGHT LOSS, OPIATE DETOX. RFA's with the request dated 02/10/15 and 04/27/15 were provided. Patient's diagnosis on 04/09/15 included chronic cervicgia, cervical degenerative disc disease, apparent left cervical radiculitis, pain-related insomnia, situational depression/ anxiety, and opiate related constipation and nausea. Physical examination to the cervical spine on 04/15/15 revealed myospasm and tenderness to palpation to lower paraspinal region extending into the left trapezius. The left trapezius is elevated compared to the right. Range of motion reduced in all planes, especially on extension. Positive Spurling's on the left. Treatments to date have included surgery, physical therapy, exercise, radiofrequency ablation, trigger point injections, psychiatric consults and medications. Patient's medications include Flexeril, Norco, Cymbalta, Wellbutrin, Colace, Zantac, Klonopin and Ambien. Per 06/10/15 report, "the recent Findings and Award of June 2012 considered the patient 100% disabled although apparently the insurance carrier is disputing it." Treatment reports were provided from 11/13/14 - 06/10/15. MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met... The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated. MTUS does not recommend more than 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities). MTUS Guidelines pages 46 and 47 recommend exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any exercise regimen. MTUS Guidelines, page 42, under the topic "Detoxification," discusses detoxification and states that detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis

of addiction, abuse, or misuse. May be necessary due to the following: intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. ODG Guidelines, under the Pain chapter, discusses detoxification and recommends a medium duration of 4 days. Per 12/23/14 and 01/19/15 reports, treater states "Previously I requested consultation with [REDACTED] Pain Management. However, the patient has learned that that program involves an inpatient program and he does not wish to consider an inpatient program..." Per 02/17/15 and 03/31/15 reports, treater states "the patient has been trying to adhere to his dietary rest restrictions... the patient had wished to undergo a detox program." Per 04/09/15 report, "the patient is expressing positive motivation for a comprehensive program of pain management, functional restoration, and detoxification treatment. He seems ready for treatment but anxiety and being away from home will need shoring up to sustain him through the rigors of full detoxification and pain self-management." There is no documentation of prior FRP the patient may have attended. Given patient's symptoms and positive motivation, the request for functional restoration program would appear reasonable. However, there is no thorough evaluation regarding the patient's candidacy for FRP. There are no discussions of negative predictors, the patient's secondary gain issues, nor any potential for surgical needs. Criteria for admission into FRP, as required by MTUS have not been addressed. Furthermore, treater states the patient "does not wish to consider an inpatient program..." Moreover, MTUS states that up to 80 hours or 2-week course is recommended prior to allowing up to 160 hours when significant improvement has been demonstrated; and this request is for an 8-10 week program. With regards to weight loss, treater does not define goals, nor mention physical activity restrictions. In addition, detoxification program would appear to be indicated for this patient, but treater does not document that the patient presents with intolerable side effects, lack of response, or aberrant drug behaviors with dependence, as required by the MTUS guidelines; and the in-patient detox program would exceed the 4 days recommended by ODG. Therefore, this request IS NOT medically necessary.