

<b>Case Number:</b>	CM15-0143363		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	11/27/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: 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 [REDACTED] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of November 27, 2009. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for a multidisciplinary pain management program. An RFA form dated July 8, 2015 and an associated progress note of May 5, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 5, 2015, the applicant reported ongoing complaints of bilateral hand pain reportedly attributed cumulative trauma at work. Work restrictions were renewed. The applicant was described as having a chronic generalized pain disorder versus tendonitis. It was not clearly stated whether the applicant was or was not working with limitations in place. A physiatrist consultation dated April 16, 2015 was notable for commentary to the effect that the applicant was not working following earlier failed cervical and lumbar spine surgery. The applicant had developed derivative complaints of depression; it was reported in the Assessment section of the note. Somewhat incongruously, the attending provider's review of systems section stated that the applicant denied any depressive symptoms. Norco and Pamelor were endorsed. It was suggested that the request for Pamelor was a first- time request, initiated in response to the applicant is having developed issues with depression. The claims administrator's medical evidence log suggested that the May 5, 2015 progress note was in fact the most recent note on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

**Decision rationale:** No, the proposed multidisciplinary pain management program was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant suffers from chronic pain, the less likely treatment, including a comprehensive multidisciplinary functional restoration program, will be effective. Here, the applicant was a little under six years removed from the date of injury as of the date of the request. The requesting provider did not clearly state how (or why) he believed that the multidisciplinary pain management program at issue would (or could) prove beneficial here. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that one of the cardinal criteria for pursuit of a chronic pain program or functional restoration program is evidence that 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, the applicant was described as having significant depressive issues on April 16, 2015. Elavil, an atypical antidepressant, was prescribed for the first time at that point. It did not appear, thus, that the applicant had optimized treatment of her depressive symptoms through psychotropic medication and/or through psychological counseling, one or both of which could potentially obviate the need for the multidisciplinary chronic pain program at issue. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that applicants should exhibit a motivation to change and should be willing to forgo secondary gains, including disability payments, in an effort to effect such change. Here, however, it was reported on April 16, 2015 that the applicant was off of work. There was no indication that the applicant was intent on forgoing disability and/or indemnity benefits in an effort to try to improve. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another criterion for pursuit of a chronic pain program is evidence that an applicant has undergone an adequate and thorough precursor evaluation. Here, it did not appear, based on the documentation made, that the applicant had in fact undergone the prerequisite precursor evaluation. Therefore, the request was not medically necessary.