

<b>Case Number:</b>	CM15-0149360		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 55-year-old who has filed a claim for chronic neck, wrist, and shoulder pain with derivative complaints of depression reportedly associated with an industrial injury of July 28, 2010. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for a multidisciplinary evaluation. An RFA form received on June 26, 2015 was referenced in the determination, along with a progress note of June 25, 2015. The claims administrator framed the request as a request for a multidisciplinary evaluation as a precursor to pursuit of a functional restoration program. The claims administrator contended that the applicant had not yet optimized or maximized psychiatric treatment prior to the request being initiated. On April 14, 2015, the applicant reported ongoing issues with chronic pain and major depressive disorder. The applicant was asked to consult a psychiatrist and begin an antidepressant medication trial. The applicant had comorbidities including diabetes and hypertension, it was reported. The applicant had not had any psychiatric treatment of any kind at any point in time, the requesting provider wrote. The applicant was under severe financial stressors, it was acknowledged. On May 18, 2015, the applicant's pain management physician also noted that the applicant was not working owing to multifocal complaints of neck, shoulder, and wrist pain. The applicant's medications included topical Dendracin, Theramine, Aleve, Ambien, metformin, glipizide, Zocor, Norvasc, Zestril, and Prilosec. On May 14, 2015, it was stated that the applicant was still having issues with anxiety and panic attacks twice to thrice daily, which were seemingly difficult to manage. On June 1, 2015, the applicant's medications included Prilosec, Zestril, Zocor, Norvasc, metformin,

glipizide, Aleve, Ambien, Theramine, and Dendracin, it was reported. On June 23, 2015, the applicant apparently consulted a psychiatrist and was asked to begin Remeron for ongoing issues with major depressive disorder (MDD) without psychotic features. The applicant was asked to follow up with her psychiatrist for medication management purposes. In a note dated June 23, 2015, the applicant's pain management physician seemingly sought authorization for a multidisciplinary evaluation as a precursor to pursuit of functional restoration program. The applicant was asked to remain off of work on permanent disability, it was reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Multidisciplinary Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program (FRPs).

**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 request for a multidisciplinary evaluation 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 any treatment, including a comprehensive functional restoration program, will be effective. Here, the applicant was a little under five years removed from the date of injury as of the date of the request, June 25, 2015. It did not appear that treatment via the functional restoration program was likely to be successful here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve. Here, however, the applicant was described as permanently disabled on June 25, 2015. The applicant had not worked in many years and seemingly did not have a job to return to. There was no mention of the applicant's willingness to forgo disability benefits and/or Workers' Compensation indemnity benefits in an effort to try and improve. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines notes that one of the cardinal criteria for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain had 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 psychiatric issues with major depressive disorder with resultant Global Assessment of Functioning (GAF) of 35-40, it was reported on a psychiatry note of June 23, 2015. Remeron was introduced on that date. It did not appear, thus, the applicant had optimized psychiatric treatment prior to pursuit of the functional restoration program multidisciplinary evaluation at issue. Therefore, the request was not medically necessary.