

Case Number:	CM15-0164922		
Date Assigned:	09/02/2015	Date of Injury:	01/03/2009
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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 31 year old male, who sustained an industrial injury on January 3, 2009. She reported face, neck, upper back, lower back, left shoulder, right hip, right leg, right knee, right ankle and right foot after being struck by a car on the freeway while working as a tow truck operator. It was noted he lost consciousness and was transferred to a hospital where he stayed for 3-4 weeks and required 12 surgical interventions to the right lower extremity before being released with a right lower extremity external fixator. It was noted he required several surgical procedures on the leg and face after discharge. The injured worker was diagnosed as having pain in the lower extremity joints and status post multiple surgical interventions. Treatment to date has included diagnostic studies, surgical interventions of the right leg and face, physical therapy, functional restoration evaluation, medications and work restrictions. Currently, the injured worker continues to report low back, left shoulder, right knee, right ankle and right foot pain with associated numbness and tingling of the right leg and right foot and weakness of the left arm, bilateral legs and right foot. He reported urinary incontinence and sexual dysfunction secondary to the pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 18, 2014, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. He noted the pain at best is rated at 4 on a 1-10 scale with 10 being the worst. Medications including Norco were continued. Evaluation on January 22, 2015, revealed continued pain as noted. He rated his pain at 10 on a 1-10 scale with 10 being the worst. He noted the activity level remained the same and the quality of sleep was poor. He noted he had

been out of medications secondary to dropping them in the toilet. He noted he called the cops but they would not file a report secondary to no crime being committed. Evaluation on April 14, 2015, revealed continued pain as noted. He rated his pain at 3 with medications and at 9 without medications on a 1-10 scale with 10 being the worst. Sleep quality was reported to remain poor and it was noted his activity level had decreased. It was noted urinary toxicology screens on March 19, 2015 and February 19, 2015, were inconsistent with expectations. The February 19, 2015, drug screen revealed negative findings for Norco. He reported he had left his bottle somewhere but reported taking his medications as prescribed and noted he does not run out early. Evaluation on February 19, 2015, noted his pain was rated at 8 on a 1-10 scale with the use of medications. It was noted a full amount of Norco was prescribed secondary to the medication allowing the injured worker to remain functional however according to the urinary drug screen the injured worker had not been taking the medication secondary to losing the bottle. Evaluation on September 3, 2015, revealed continued pain as noted. He rated his pain at 2 with medications and 10 without medications on a 1-10 scale with 10 being the worst. It was noted he was not working and still was unable to perform all activities of daily living. It was noted the pain increased with activity. 1 Referral for functional restoration program and 1 prescription of Norco 10/325mg #120 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral for functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The 31 year old patient complains of bilateral lower extremity pain and bilateral knee pain along with poor quality of sleep, as per progress report dated 08/06/15. The request is for 1 Referral for Functional Restoration Program. The RFA for this case is dated 08/10/15, and the patient's date of injury is 01/03/09. Diagnoses, as per progress report dated 08/06/15, included pain in lower leg joint. Medications included Levitra, Norco and Celebrex. The patient is not working, as per the same progress report. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made. (2) Previous methods of treating chronic pain have been unsuccessful. (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be. (5) The patient exhibits motivation to change. (6) Negative predictors of success above have been addressed. 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." 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). In this case, the patient continues to suffer from chronic pain, in spite of extensive conservative care. As per progress report dated 08/06/15, the patient was seen for reconstruction surgery but the specialist felt it was not needed at this point of time. The patient underwent multidisciplinary PT evaluation on 07/23/15. The patient also underwent multidisciplinary functional restoration evaluation on 07/14/15, and the physician, [REDACTED] recommended a trial of 10 sessions of FRP. An RFA with the request for 10 sessions of FRP, dated 08/03/15, has been provided for review. Another RFA, dated 08/10/15, with request for referral to [REDACTED] for FRP is also available for review. This is from the patient's primary physician, [REDACTED]. As per progress report dated 08/06/15 from [REDACTED] physical therapist [REDACTED] and [REDACTED] evaluated the patient, and established the medical necessity of FRP, which was denied. In an appeal letter, dated 08/13/15 (after the UR denial date), [REDACTED] continues to request for 10 sessions of FRP and states that the patient has undergone a series of 16 surgeries and continues to suffer from pain. The patient exhibits motivation to change and all the negative predictors have been addressed. Based on the reports available for review, a trial of 10 sessions of FRP appears reasonable. However, the current request is for referral for FRP. The purpose of this referral is not understood as the patient has already undergone extensive evaluation. Hence, the referral request is not medically necessary.

1 prescription of Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 31 year old patient complains of bilateral lower extremity pain and bilateral knee pain along with poor quality of sleep, as per progress report dated 08/06/15. The request is for 1 prescription of Norco 10/325mg #120. The RFA for this case is dated 08/10/15, and the patient's date of injury is 01/03/09. Diagnoses, as per progress report dated 08/06/15, included pain in lower leg joint. Medications included Levitra, Norco and Celebrex. The patient is not working, as per the same progress report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, a prescription for Norco is first noted in progress report dated 11/14/13. This appears to be the first prescription for this medication, and the patient has been

taking it consistently since then. Prior reports document the use of Vicodin. As per progress report dated 08/06/15, medications help reduce pain from 9/10 to 3/10. Medications are working well and the patient's "activity level has increased." Medications can help the patient "function, perform ADLs, walk for short periods of time per day, interact with his family members doing basic activities, and sleep a fairly regular cycle. In short, medications keep him functional." The report also states that with medications the patient is able to lift 20 lbs, walk 10 blocks, sit 90 minutes and stand 60 minutes. The patient is able to perform household tasks such as cooking, laundry and self-care for about 45 minutes. Without the medications, the patient is able to lift 10 lbs, walk 4 blocks, and sit 45 minutes and 20 minutes. The patient is able to perform household tasks for 10 minutes at a time. The patient is taking medications as prescribed and there are no side effects. UDS, dated 03/19/15, was consistent. Given the clear discussion regarding 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, the request appears reasonable and is medically necessary.