

<b>Case Number:</b>	CM15-0169660		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 54-year-old male, who sustained an industrial injury on May 16, 2014. He reported a head injury, upper back injury, bilateral shoulder, hip and knee injuries, low back injury, chronic severe headaches, visual impairments and forgetfulness after a trucking accident. The injured worker was diagnosed as having chronic neck pain, chronic low back pain, cervical degenerative disc disease, lumbosacral degenerative disc disease, tension headaches, myofascial pain syndrome, depression, anxiety and closed head injury. Treatment to date has included diagnostic studies, radiographic imaging, acupuncture, psychotherapy, behavioral therapy, medications and work restrictions. Currently, the injured worker continues to report head pain, upper back pain, bilateral shoulder, hip and knee pain, low back pain, chronic severe headaches, visual impairments and forgetfulness. He reported associated difficulty swallowing, anxiety, panic attacks, insomnia and depression. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on May 19, 2015, revealed continued pain as noted. He noted constant pain, worsening low back pain with walking, nausea, dizziness, disrupted sleep and sharp neck pain with head movement. It was noted cervical range of motion was decreased in all planes. Evaluation on July 28, 2015, revealed continued pain as noted. It was noted magnetic resonance imaging (MRI) of the brain on July 4, 2014, revealed punctuated HG scattered all over the cortical and subcortical region suggestive of sheer injury. He noted the headaches were constant day and night and interfering with activities of daily living. The RFA on included requests for 20-Day individualized and integrated functional restoration program using biopsychosocial approach plus 6 monthly follow up appointments and Percocet 10/325mg #60 and was non-certified on the utilization review (UR) on August 19, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **20-Day individualized and integrated functional restoration program using biopsychosocial approach plus 6 monthly follow up appointments: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM chapter 6, 113-114 Official Disability Guidelines Pain Chapter.

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

**Decision rationale:** According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. The claimant's history and desire to improve as well as failing other prior conservative measures; however, the guidelines allow for a trial of 10 visits of FRP. Motivation to improve and goals were not clearly defined. The request for 20 days exceeds the guidelines limit and is not medically necessary.

### **Percocet 10/325mg #60: 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): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months without mention of pain score reduction with its use. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.