

<b>Case Number:</b>	CM15-0191727		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, North Carolina  
 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 72 year old female, who sustained an industrial injury on 1-31-2003. The injured worker is being treated for depressive disorder and colostomy complication. Treatment to date has included medication management. Per the Primary Treating Physician's Progress Report dated 9-15-2015, the injured worker reported increased pain and requesting a medication refill of Fentanyl patches. She was informed that the provider will not be prescribing any and she admitted that she has Vicodin around her house. Objective findings are documented as weight 223 pounds, height 5'2", BMI 40.78, BSA 2.10 and blood pressure 130 over 70. Work status was temporarily totally disabled. The plan of care included a detox program and pain management with functional restoration program. The provider notes that she may be developing medication dependence. She has gone to urgent care x 4 in the past month and found a Fentanyl patch that she decided to use. She also found Vicodin that she did not know she had, and she has not had a prescription from this provider for. Authorization was requested for detox program and pain management with functional restoration program. On 9-28-2015, Utilization Review non-certified the request for detox program and pain management with functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detox program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Detoxification.

**Decision rationale:** This patient is a 72 year-old woman whose date of injury was 1/312/2003 when she fell and injured her right knee, hip, back, shoulder, neck, and arm. She is being treated for right knee pain, depression and abdominal pain which may be a complication of her colostomy. The request is for a functional restoration program (FRP) and pain management detoxification program. There is no rationale presented for the necessity of a detoxification program. The patient has recently been taking Fentanyl for abdominal pain and recently Vicodin that she has "found around the house." The patient's complaints are abdominal and knee pain. She has a colostomy which is thought to be related to her abdominal pain and a referral to a colorectal surgeon is being considered. There is no rationale for continued opiates and the patient can be safely weaned from her opiates without the necessity of a detoxification program. The request is not medically necessary or appropriate.

**Pain management with 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:** This patient is a 72 year-old woman whose date of injury was 1/312/2003 when she fell and injured her right knee, hip, back, shoulder, neck, and arm. She is being treated for right knee pain, depression and abdominal pain which may be a complication of her colostomy. The request is for a functional restoration program (FRP) and pain management detoxification program. Criteria for an FRP includes motivation by the patient to improve and return to work. FRP is recommended when there is access to a program with proven successful outcomes for patients with conditions that put them at risk for delayed outcomes. In this case, a functional capacity evaluation has not been performed, which is a prerequisite for admission to an FRP. It is doubtful that at the age of 72 with the patient's additional medical problems that she is a candidate for an FRP and potential return to work. Therefore this request is not medically necessary.