

Case Number:	CM15-0211005		
Date Assigned:	10/29/2015	Date of Injury:	01/11/1997
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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: New Jersey

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 59 year old male, who sustained an industrial injury on 1-11-1997. Diagnoses include lumbar sprain with degenerative disc disease and degenerative joint disease, cervical sprain and morbid obesity, deconditioning, chronic pain and associate mood disorder-depression, and opiate tolerance. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and transforaminal epidural injections. The medical records indicated a history of chronic low back pain, high opioid dosing, and elevated weight with discussion of possible weight loss, decreasing opioid use, to possibly qualify for a gastric procedure. The records indicated prior independent attempts at weight loss had not been entirely successful despite liquid fast diets and chiropractic therapy to increase functional ability and weight loss. On 3-10-15, he complained of ongoing low back pain with radiation into both buttocks and sacroiliac region. Pain was rated 3-10 out of 10 VAS. Medications were noted to decreased pain. Current medications prescribed for at least one year included OxyContin ER 80mg two tablets three times daily and Oxycodone 30mg, two to three tablets every three to five hours as needed with a maximum of six tablets daily. The physical examination documented cervical and lumbar tenderness. The plan of care included recommendation for a pain consult with functional restoration program. On 7-17-15, documentation of telephone conversation documented a functional restoration program focusing on decreasing opiate amount would be important to continue with a gastric procedure for weight loss. On 7-23-15, he reported being motivated to decrease opiate consumption and getting the weight off. The record documented "obesity is contributing to his anxiety and depression." The provider documented "the

nutritional support functional restoration detox program and consideration for gastric bypass will be important pieced of his rehabilitation." The appeal requested a consultation for functional restoration-detox program. The Utilization Review dated 10-20-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation for Functional Restoration-detox Program: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that functional restoration programs (FRPs) are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive. Treatment in one of these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The criteria for general use of multidisciplinary pain management programs such as FRPs include 1. An adequate and thorough functional evaluation as a baseline, 2. Previous methods of treating chronic pain unsuccessful, 3. Significant loss of ability to function independently from the chronic pain, 4. Not a candidate for surgery or other warranted treatments (if a goal of treatment is to prevent controversial or optional surgery, a trial of 10 visits may be implemented), 5. Exhibits motivation to change, including willingness to forgo secondary gains, 6. No negative predictors of success (negative relationship with the employer/supervisor, poor work adjustment/satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain). Total treatment duration should generally not exceed 20 full day sessions (or the equivalent). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved and requires individualized care plans and should be based on chronicity of disability and other known risk factors for loss of function. The MTUS Chronic Pain Treatment Guidelines state that inpatient detoxification from certain medications is generally recommended if needed. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. Detoxification may be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, 3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. outpatient attempts at detoxifying/weaning from medications is recommended first, and if experiencing difficulty, then consideration for inpatient detoxification is advised. In the case of

this worker, there appeared to be insufficient evidence of having fully implemented all measures to help improve pain levels and function before considering a functional restoration program. The main goal in the opinion of this reviewer and also brought up by the worker's provider is losing weight via healthy plant-based whole food eating and careful exercise, which has not been fully implemented based on the notes. Losing weight would certainly improve the overall goals. Also, a relative contraindication to attending a program would be the reported anxiety and irritability. There is not much discussed in the notes regarding this besides her taking a benzodiazepine for this, which is not first-line therapy for this. Therefore, upon review of the evidence in the notes there isn't enough indication that it is time for an evaluation for a functional restoration program, and this request will be considered medically unnecessary at this time.