

Case Number:	CM15-0220829		
Date Assigned:	11/16/2015	Date of Injury:	01/31/2003
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/10/2015

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 [REDACTED] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 31, 2003. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve requests for a medication withdrawal and a functional restoration program. An October 20, 2015 office visit was cited in the determination. The applicant's attorney subsequently appealed. On October 26, 2015, the applicant was given refills of Duragesic, Norco, Lidoderm patches, Zipsor, and tizanidine. The applicant continued usage of a spinal cord stimulator. The treating provider suggested that the applicant try and wean off of her medications. The treating provider then stated, somewhat incongruously, that the applicant remained functional with medication usage and spinal cord stimulator usage. The treating provider contended that the applicant's medications were ameliorating the applicant's ability to do laundry, household chores, and cooking. The applicant was described as working on a part-time basis toward the middle of the note. The treating provider contended that the applicant was pending receipt of a functional restoration program. The applicant was described as minimally depressed, it was stated in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to a Stanford Medication Withdrawal and Functional Restoration Program:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Weaning of Medications.

Decision rationale: No, the request for a referral to Stanford for a functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the primary criteria for pursuit of a functional restoration program is evidence that an applicant has a significant loss of ability to function independently associated with his or her chronic pain complaints. Here, however, the applicant was described as working on a part-time basis on October 26, 2015. The treating provider contended that the applicant's medications were allowing the applicant to work daily, perform laundry, perform household chores, do cooking and walk on a day-to-day basis. It did not appear, thus, that the applicant had a significant loss of ability to function associated with her chronic pain complaints. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that treatment via a functional restoration program for chronic pain conditions was not suggested for longer than two weeks without evidence of demonstrated efficacy. Here, thus, the request for an open-ended functional restoration program was seemingly at odds with MTUS parameters. While page 124 of the MTUS Chronic Pain Medical Treatment Guidelines does state that those individuals with poly-drug abuse may need inpatient detoxification, here, however, the treating provider contended on October 26, 2015 that the applicant was functional on her current medication regimen to include Duragesic, Norco, Zipsor, etc. The treating provider's commentary to the fact that the applicant was functional on said medication regimen was, thus, seemingly at odds with the request for a functional restoration program for medication withdrawal purposes. Therefore, the request is not medically necessary.