

Case Number:	CM14-0088594		
Date Assigned:	07/23/2014	Date of Injury:	10/26/2011
Decision Date:	09/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 10/26/2011. The mechanism of injury was not provided in the medical records. He is diagnosed with status post right knee injury, chronic pain, and adjustment disorder with depression. His past treatments were noted to include a right knee replacement, medications, and cognitive behavioral therapy. On 03/25/2014, the injured worker was seen for right knee pain. It was noted that he had been quite depressed for an extended period and was seeing a psychiatrist and a psychologist. On physical examination, it was noted that he favored his right knee when he got up from his chair; he had pain along the quadriceps insertion into the patella; and there was no evidence of instability or effusion. A recommendation was made for continued pain management with use of Norco 2 to 4 tablets per day. It was also noted that a recommendation was made for him to see a chronic pain management specialist. On 05/07/2014, the injured worker was seen for a psychiatric evaluation. It was noted that he reported feeling better with improvement in his depression, anger, and irritability. It was also noted that he had become more active and was exercising more at home and participating in more social activities. He was given medication refills and encouraged to continue with cognitive behavioral psychotherapy. His medications were noted to include Norco, Wellbutrin, Klonopin, and trazodone. A recommendation was also made for the injured worker to participate in a comprehensive pain management program to address physical and psychological components. The Request for Authorization form was submitted on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Pain Management Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restorative programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the California MTUS Guidelines, a chronic pain management program may be supported when an adequate and thorough evaluation has been performed to include baseline functional testing; when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant improvement; when the patient has a significant loss of ability to function independently; when the patient is not a candidate for surgery or other treatment; when the patient exhibits motivation to change; and when negative predictors of success have been addressed. Negative predictors of success are specified as a negative relationship with the employer; poor work adjustment and satisfaction; a negative outlook about future employment; high levels of psychosocial stress; involvement in financial disability disputes; greater rates of smoking; a duration of pre-referral disability time; prevalence of opioid use; and pre-treatment levels of pain. The injured worker was noted to have chronic pain in his right knee since 2011. It was noted that he also had significant psychological components for which he was being treated with cognitive behavioral therapy. It was noted that he was showing improvement with this therapy. In addition, he was noted to be taking opioid medications. The documentation did not address whether the injured worker had a positive outlook about his future employment, whether he was involved in a financial dispute regarding his disability, whether he was a smoker, or whether he had a negative relationship with his employer. In addition, the most recent clinical note failed to indicate where the injured worker's pain level was in order to determine whether he had high pre-treatment pain. In addition, as it has been nearly 3 years since his injury, documentation is needed regarding the possible negative predictor of success of an extended duration of disability time. Moreover, the documentation failed to show evidence of current objective functional deficits. Furthermore, the documentation indicated that he had shown significant improvement with his current treatment plan which included cognitive behavioral therapy and medications. Therefore, as the guidelines indicate that documentation should show previous methods of treating patients' chronic pain should have been unsuccessful and there is an absence of other options likely to result in improvement prior to admission to a chronic pain management program, the program is not supported at this time. Furthermore, the documentation did not support that the injured worker has a significant loss of ability to function independently at this time. For the reasons noted above, the injured worker does not meet the criteria for admission to a chronic pain management program at this time and in the absence of evidence showing that negative predictors of success have been addressed and the injured worker has significant functional deficits with an absence of other options, the multidisciplinary evaluation is also not supported. For the reasons noted above, the request is not medically necessary.

Multidisciplinary pain program consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restorative programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to the California MTUS Guidelines, a chronic pain management program may be supported when an adequate and thorough evaluation has been performed to include baseline functional testing; when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant improvement; when the patient has a significant loss of ability to function independently; when the patient is not a candidate for surgery or other treatment; when the patient exhibits motivation to change; and when negative predictors of success have been addressed. Negative predictors of success are specified as a negative relationship with the employer; poor work adjustment and satisfaction; a negative outlook about future employment; high levels of psychosocial stress; involvement in financial disability disputes; greater rates of smoking; a duration of pre-referral disability time; prevalence of opioid use; and pre-treatment levels of pain. The injured worker was noted to have chronic pain in his right knee since 2011. It was noted that he also had significant psychological components for which he was being treated with cognitive behavioral therapy. It was noted that he was showing improvement with this therapy. In addition, he was noted to be taking opioid medications. The documentation did not address whether the injured worker had a positive outlook about his future employment, whether he was involved in a financial dispute regarding his disability, whether he was a smoker, or whether he had a negative relationship with his employer. In addition, the most recent clinical note failed to indicate where the injured worker's pain level was in order to determine whether he had high pre-treatment pain. In addition, as it has been nearly 3 years since his injury, documentation is needed regarding the possible negative predictor of success of an extended duration of disability time. Moreover, the documentation failed to show evidence of current objective functional deficits. Furthermore, the documentation indicated that he had shown significant improvement with his current treatment plan which included cognitive behavioral therapy and medications. Therefore, as the guidelines indicate that documentation should show previous methods of treating patients' chronic pain should have been unsuccessful and there is an absence of other options likely to result in improvement prior to admission to a chronic pain management program, the program is not supported at this time. Furthermore, the documentation did not support that the injured worker has a significant loss of ability to function independently at this time. For the reasons noted above, the injured worker does not meet the criteria for admission to a chronic pain management program at this time and in the absence of evidence showing that negative predictors of success have been addressed and the injured worker has significant functional deficits with an absence of other options, the multidisciplinary consultation is also not supported. For the reasons noted above, Multidisciplinary pain program consultation is not medically necessary.