

Case Number:	CM14-0113409		
Date Assigned:	09/16/2014	Date of Injury:	02/06/2003
Decision Date:	06/26/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 70-year-old male, who sustained an industrial injury on February 6, 2003. The injured worker was diagnosed as having lumbar discopathy, coccygodynia, left hip pain, left knee meniscal tear and internal derangement with patellofemoral arthrosis. Treatment to date has included opioid treatment. A progress note dated June 16, 2014 the injured worker complains of left shoulder, low back and left knee pain. He reports low back and coccyx pain is rated 8-9/10 with numbness and pins and needles in the coccyx area. His left knee pain is achy and rated 7/10. The left shoulder pain is rated 6-7/10 with pins and needles radiating down the arm and rated 8/10. Physical exam notes an antalgic gait and use of a cane, left knee swelling, left shoulder tenderness with crepitus and decreased range of motion (ROM). There is positive shoulder impingement. The lumbar area and buttocks are tender with decreased range of motion (ROM). There is left knee grind with abnormal patellar tracking and knee tenderness on palpation. The plan includes referral for pain management and detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ program consultation for chronic pain management and prescription detoxification: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://idrasilrx.com/wp-content/uploads/2014/03/NESP-and-NESP-R-vs-Traditional-Detox-Programs-2013.pdf>.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ██████ program consultation for chronic pain management with prescription detoxification is not medically necessary. ██████ uses DNA testing to identify predispositions to narcotic abuse and other collateral problems such as depression and anxiety. The treatment plan simultaneously treats narcotic addiction or dependence and chronic pain. The treatment plan utilizes customized medical hypnotherapy and psychotherapy programs. Functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. The guidelines do not recommend DNA testing (cytokine DNA testing). There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain including chronic pain. Genetic testing for potential opiate abuse is also not recommended. In this case, the injured worker's working diagnoses are lumbar discopathy; left knee medial meniscal tear; left hip pain; coccydygodynia; right hand tendinopathy; lumbar hyperextension/hyper flexion; and left knee significant internal derangement with patellofemoral arthrosis. Current medications include Norco, Senokot, Prilosec, trazodone and Flexeril. There are no doses/dosages listed in the medical record. There is no documentation of addiction to opiate medications in the medical record. DNA testing is not recommended or supported by the guidelines. Genetic testing for potential opium abuse is also not recommended. Consequently, absent guideline recommendations, documentation of opiate addiction and dosages of all medications, ██████ program consultation for chronic pain management with prescription detoxification is not medically necessary.