

Case Number:	CM15-0013908		
Date Assigned:	02/02/2015	Date of Injury:	07/01/2008
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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
 Certification(s)/Specialty: Emergency 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 59 year old male, who sustained an industrial injury on 7/1/08. The injured worker has complaints of low back, left leg and left foot pain. Pain in his back radiates to the right and left side. Pain in his back is constant waxing and warning pain. The documentation noted on 10/14/14, the injured worker wants to return to work but has not worked since 2008 and needs to go through functional restoration program before he can return to work. The documentation noted that he had already started the process for returning to work and had already started being evaluated by the department of rehabilitation on his own accord. According to the utilization review performed on 1/7/2015, the requested Help Program Evaluation has been non-certified. The requested Norco 10/325mg #120 has been modified to Norco 10/325mg #110 and the requested Topamax 25mg #120 has been certified. MTUS 2009 page 30 Chronic pain programs (functional restoration programs); criteria for the general use of multidisciplinary pain management programs; inpatient pain rehabilitation programs; chronic pain programs, early intervention; chronic pain programs, intensity; chronic pain programs, opioids were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Help Program Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs) Page(s): Pages 49, 31-32.

Decision rationale: The requested Help Program Evaluation, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs, and note. These programs emphasize the importance of function over the elimination of pain, and that treatment in excess of 20 full-day sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The injured worker has low back, left leg and left foot pain. Pain in his back radiates to the right and left side. Pain in his back is constant waxing and warning pain. The treating physician has not documented the medical necessity for this evaluation as the injured worker has already had a similar evaluation. The criteria noted above not having been met, Help Program Evaluation is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back, left leg and left foot pain. Pain in his back radiates to the right and left side. Pain in his back is constant waxing and warning pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.