

Case Number:	CM15-0064413		
Date Assigned:	04/10/2015	Date of Injury:	08/16/2001
Decision Date:	06/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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: Physical Medicine & Rehabilitation

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 62 year old, male who sustained a work related injury on 8/16/01. The diagnoses have included lumbar post laminectomy syndrome, failed low back syndrome, cervical sprain/strain, chronic pain syndrome, cervical disc displacement, bilateral knees sprain/strain, rule out internal derangement and right shoulder sprain/strain. Treatments have included lumbar surgery, cervical epidural steroid injections, MRIs, CT scans, physical therapy, medications, Toradol injections, right shoulder surgery and an intrathecal morphine block with good relief. In the Orthopedic Consultation Report - Established Patient dated 2/5/15, the injured worker complains of pain in bilateral shoulders, lumbar spine, legs and severe pain in the neck-cervical spine with popping that occurs with movement. He states the symptoms and pain are getting progressively worse. The treatment plan is a request for authorization for a Pain Management, Detoxification, and Functional Rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127.

Decision rationale: This patient presents with chronic neck and low back pain. The Request for Authorization is dated 03/18/15. The current request is for PAIN MANAGEMENT. Treatments have included lumbar surgery, cervical epidural steroid injections, MRIs, CT scans, physical therapy, medications, Toradol injections, right shoulder surgery and an intrathecal morphine block. The patient is not working. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treating physician provides monitoring of the patient's progress and makes appropriate recommendations. According to progress report 03/05/15, the patient reported increase in neck and low back pain and rated his pain as 9/10. On 03/17/15, the patient complained of pain levels as high as +9/10 and requested another pain pump trial. He noted that medications are helping "a little." Current medications include Norco, Celebrex, Docusate sodium, Omeprazole, Tramadol, Lyrica, Diclofenac, Alprazolam, Butalbital- APAP, Temazepam, Aspirin, Chlorthalidone, Cialis, and Fluoxetine. The current request is for "pain management." There is no discussion regarding this request, and thus the rationale for the request is not known. In this case, this patient is currently being followed by a pain management specialist on a monthly basis. The medical necessity for additional management has not been established. The requested Pain Management IS NOT medically necessary.

Functional Rehabilitation Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration Page(s): 49.

Decision rationale: This patient presents with chronic neck and low back pain. The Request for Authorization is dated 03/18/15. The current request is for Functional Rehabilitation Program. Treatments have included lumbar surgery, cervical epidural steroid injections, MRIs, CT scans, physical therapy, medications, Toradol injections, right shoulder surgery and an intrathecal morphine block. The patient is not working. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative

predictors of success above have been addressed. According to progress report 03/05/15, the patient reported increase in neck and low back pain, rated as 9/10. On 03/17/15, the patient complained of pain levels as high as +9/10 and requested another pain pump trial. He noted that medications are helping "a little." Current medications include Norco, Celebrex, Docusate sodium, Omeprazole, Tramadol, Lyrica, Diclofenac, Alprazolam, Butalbital- APAP, Temazepam, Aspirin, Chlorthalidone, Cialis, and Fluoxetine. The treating physician requested a Functional Restoration Program and detoxification program as previous attempts at weaning the patient off narcotics have been unsuccessful. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with "chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs and all 6 criteria must be met to be recommended for a FRP. In this case, the medical records do not document that an adequate and thorough evaluation has not been made. Furthermore, the patient had a successful pain pump trial and is inquiring about additional usage. The patient does not meet the all the criteria for participating in a Functional Restoration Program at this time. The requested Functional Restoration Program IS NOT medically necessary.

Detoxification Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, detoxification.

Decision rationale: This patient presents with chronic neck and low back pain. The Request for Authorization is dated 03/18/15. The current request is for Detoxification Program. Treatments have included lumbar surgery, cervical epidural steroid injections, MRIs, CT scans, physical therapy, medications, Toradol injections, right shoulder surgery (2002) and an intrathecal morphine block. The patient is not working. MTUS Guidelines, page 42, under the topic "Detoxification", discusses detoxification and states it is recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse, or misuse. May be necessary due to the following: intolerable side effects, lack of response, aberrant behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opiate users because opiates cannot be abruptly discontinued without probable risk of withdrawal symptoms. MTUS Guidelines do not discuss the duration or frequency of the program. However, ODG Guidelines, under the pain chapter, discusses detoxification and recommends a medium duration of 4 days. According to progress report 03/05/15, the patient reported increase in neck and low back pain and rated his pain as 9/10. On 03/17/15, the patient complained of pain levels as high as +9/10 and requested another pain pump trial. He noted that medications are helping "a little." Current medications include Norco, Celebrex, Docusate sodium, Omeprazole, Tramadol, Lyrica, Diclofenac, Alprazolam,

Butalbital- APA, Temazepam, Aspirin, Chlorthalidone, Cialis, and Fluoxetine. The treating physician requested a Functional Restoration Program and detoxification program as previous attempts at weaning the patient off narcotics have been unsuccessful. This patient has been utilizing opioids since 2001. It appears that the effectiveness is decreasing with recent pain levels at 9/10 despite narcotic usage. In this case, it would appear that a detoxification program may be appropriate for the patient; however, the treating physician does not provide any specific information regarding the program. It is unclear if the request is for an outpatient or inpatient setting and there is no description of what the program may entail. Furthermore, the request is for an unspecified duration, and ODG guidelines only recommend a medium duration of 4 days. Therefore, the request IS NOT medically necessary.