

Case Number:	CM15-0065116		
Date Assigned:	04/13/2015	Date of Injury:	04/08/2009
Decision Date:	05/13/2015	UR Denial Date:	03/30/2015
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: 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 41-year-old who has filed a claim for chronic low back pain, hip, and groin pain reportedly associated with an industrial injury of April 8, 2009. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve requests for Norco, a psychiatric evaluation, and a functional capacity evaluation. The claims administrator referenced an RFA form received on March 23, 2015 in its determination, along with a progress note of March 11, 2015. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant did have various co-morbidities including diabetes. Sitting, standing, and walking were all constrained, secondary to pain. The applicant reported issues with insomnia. The applicant had also received acupuncture, physical therapy, unspecified injections, and an H-Wave device. A psychiatric evaluation to consider a functional restoration program and a functional capacity evaluation were endorsed. The applicant was status post failed spinal fusion surgery, the treating provider reported in another section of the note. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The applicant's medication list included metformin, vitamin D, and Dilantin. There was no mention of the applicant's using any psychotropic medications. On February 2, 2015, the applicant reported ongoing complaints of hip pain, groin pain, and pelvic pain. The applicant was placed off of work. The applicant had been deemed "permanently disabled," it was acknowledged. A physiatry evaluation and Toradol injection were administered. On January 12, 2015, the applicant was again described as

permanently disabled. Once again, the applicant was placed off of work. The applicant was using topical compounds on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work. The applicant had been deemed permanently disabled, it was acknowledged on multiple progress notes of earlier 2015, referenced above. The attending provider's progress notes failed to identify any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Psychiatric evaluation to consider for a 10 day trial of the functional restoration program:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) - Criteria for the general use of multi-disciplinary pain management programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

Decision rationale: Similarly, the request for a psychiatric evaluation to consider a 10-day trial of functional restoration program was likewise not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission for treatment in a multidisciplinary treatment program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was no seeming evidence that the applicant was prepared to make the effort to try and improve. The applicant had been deemed permanently disabled, the treating provider reported on several occasions above. There was no evidence that the applicant was willing to forgo disability benefits and/or indemnity benefits in an effort to try and improve. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that another cardinal criterion for pursuit of a chronic pain program or functional restoration program is evidence that there is an absence of other options likely to generate significant improvement.

Here, the attending provider did not clearly establish why the applicant could not continue treatment through conventional outpatient office visits, introduction of analgesic medications (if needed), introduction of psychotropic medications (if needed), psychological counseling, etc. Therefore, the request was not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) - Criteria for the general use of multi-disciplinary pain management programs Page(s): 31-32.

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

Decision rationale: Finally, the request for a functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. The request in question appears to represent a request for a functional capacity evaluation as a precursor to pursuit of a chronic pain program or functional restoration program. While page 32 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baseline functional testing should be performed prior to receipt of functional restoration program or chronic pain program, this recommendation is, however, qualified by further commentary made on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a functional restoration program or chronic pain program should only be pursued in applicants who are willing to forgo secondary gains, including disability benefits, in an effort to try and improve pain. Here, the applicant had apparently received permanent disability benefits. There was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try and improve. Similarly, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another cardinal criterion for pursuit of a functional restoration program is evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, it has not been clearly established that there is an absence of other options likely to result in significant clinical improvement. The attending provider has not clearly stated why the applicant cannot continue treatment and/or rehabilitative efforts through conventional outpatient office visits, analgesic medications, psychotropic medications (if needed), psychological counseling, etc. Therefore, the request for a functional capacity evaluation as a precursor to pursuit of a chronic pain program or functional restoration program was not medically necessary.