

## Independent Medical Review Final Determination Letter

3458

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0029550	<b>Date of Injury:</b>	04/10/1997
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	09/26/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
(ENGLISH HELP PROGRAM) INTERDISCIPLINARY PAIN REHAB PROGRAM FOR 3 WEEKS			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic pain syndrome, myofascial pain, and traumatic brain injury reportedly associated with an industrial injury of April 10, 1997.

Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; long acting opioids; and home exercises.

In a utilization review report of August 27, 2013, the claims administrator denied a request for a chronic pain program. The claims administrator noted that the applicant apparently tried and failed to detox off medications at an earlier point. The applicant's attorney later appealed, on September 20, 2013.

A later clinical progress note of September 25, 2013 is notable for comments that the applicant goes to 24 Hour Fitness. He reports pain ranging from 3 to 8/10, constant. He is not using assistive devices. He has been anxious, it is noted. He is morphine, Percocet, Neurontin, Relafen, Zanaflex, Desyrel, Imitrex, Prilosec, Restoril, Singulair, Ativan, Catapres, and Lopressor. He is 34 years old. There is no evidence of overmedication, sedation, or withdrawal symptoms. The applicant has a surgical scar noted about the left knee. Medications are refilled. He is asked to continue with home exercises and continue going to gym.

An earlier note of August 27, 2013 is notable for comments that the applicant should pursue assistance through the [REDACTED] program. It is stated that applicant's current medication profile is a "very reasonable" regimen of medications. An earlier agreed medical evaluation note of July 23, 2013 contains the recommendation for the applicant

to undergo an inpatient detoxification program and segue into functional restoration program.

Finally, another note of August 5, 2013 is notable for comments that the applicant is motivated for inpatient detoxification as the primary goal of the program is to pursue drug detoxification and stabilization.

### **IMR DECISION(S) AND RATIONALE(S)**

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

**1. (English ██████ Program) interdisciplinary pain rehab program for 3 weeks is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Functional Restoration Programs, pages 30-32, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Detoxification, page 42, and Inpatient pain rehabilitation programs, page 32, which is part of the MTUS.

The Physician Reviewer's decision rationale:

One of the applicant's attending providers has stated that he intends for the applicant to attend the program for purpose of detoxification from numerous opioid and non-opioid analgesic and adjuvant medications. While page 42 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse gradual weaning for long-term opioid uses, in this case, however, the documentation on file is somewhat contradictory. With some of the applicant's attending providers write that his current medication profile is "very reasonable" and acceptable, some of the applicant's other attending providers continue to refill his medications, writing that the applicant's medications are improving his quality of life. Another of the applicant's treating providers writes that the goal is to wean the applicant off of these medications.

One of the applicant's treating providers continues to refill the medications in question while a second provider recommends that the applicant wean off the medications. While page 32 of the MTUS Chronic Pain Medical Treatment Guidelines does support Interdisciplinary Pain Rehab Program for the purposes of medications detoxification in those individuals who have medical condition that require more intense oversight and/or receiving large amounts of medications that require weaning or detoxification, in this case, there is no such evidence that the applicant is in fact is intent on pursuing weaning or detoxification. One of his treating providers continues to refill the medications in question and writes that they are very reasonable. It does not appear, therefore, the applicant is intent on weaning off of the medications in question. It is further noted that there is no seeming evidence that the applicant has tried and/or failed to wean himself off of the medications on an outpatient basis. Another criteria set forth in the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of chronic pain program is evidence of previous means of treating the chronic pain have proven unsuccessful. In this case, there is no such evidence, particularly in light of the at-times contradictory documentation. Therefore, the original utilization review decision is upheld. **The request for (English ██████ Program) interdisciplinary pain rehab program for 3 weeks is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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