

<b>Case Number:</b>	CM14-0151796		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a 61-year-old female with a 3/8/00 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/15/14, the patient insisted that she had a thoracic fracture secondary to a recent motor vehicle accident. She noted having persistent pain but did not elaborate. Also, she asked about additional treatments and presented the provider with a brochure for a functional restoration program. Her current medications included Oxycontin 60mg (2/day), Percocet 10/325mg (4/day), Imitrex, Naprosyn, Nexium, and Flexeril. Objective findings: no significant changes. Diagnostic impression: chronic neck and lumbar pain, bilateral shoulder pain, headaches, insomnia, depression and anxiety. Treatment to date: medication management, activity modification, chiropractic care, and acupuncture treatments. A UR decision dated 8/28/14 denied the request for 1 consultation for functional restoration program and modified the request for Percocet from 120 tablets to 60 tablets for weaning purposes. Regarding functional restoration program consultation, there is no evidence that this patient has undergone appropriate physical rehabilitation therapy or other conservative therapy that has failed. Moreover, there is evidence of ongoing psychosocial distress including depression and anxiety, as well as continued pain and disability, and ongoing chronic multiple opioid drug use all predictors of program failure. Regarding Percocet, the patient's combined daily MED is 270 including the use of Oxycontin. Also, Percocet is prescribed without proper pain intensity assessment or functional improvement measurements as compared to baseline documentation, which are guideline requirements for ongoing opioid use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines criteria for functional restoration program participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; a significant loss of ability to function independently; that the patient is not a candidate where surgery or other treatments would clearly be warranted; that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and that negative predictors of success above have been addressed. However, in this case, this patient has a diagnosis of depression and anxiety. In addition, there is no discussion that the patient is motivated to return to work. There is no documentation that the requesting provider has addressed these negative predictors of the patient's success in a functional restoration program. Therefore, the request for Functional Restoration Program with [REDACTED] was not medically necessary.

**Percocet 10/325 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2000 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. There is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 240. Guidelines do not support daily MED above 200 due to the risk of adverse effects, such as sedation. Therefore, the request for Percocet 10/325 #120 was not medically necessary.

