MAXIMUS Federal Services

Case Number:	CM13-0002405		
Date Assigned:	07/02/2014	Date of Injury:	05/22/2007
Decision Date:	08/05/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/22/2013

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 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 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:

The patient is a 62 year old male, DOI 5/22/07. Subsequent to the injury he has developed chronic spinal pain with a radicular component. He also has upper extremity problems and has been diagnosed with carpal tunnel syndrome and left shoulder rotator cuff tear. He has been treated with shoulder surgery and carpal tunnel release's. He is currently treated conservatively which includes oral analgesics. There is no documentation of specific Return to Work (RTW) plans or specific job tasks being contemplated in conjunction with an employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION - DENDRACIN LOTION 60ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Medications.

Decision rationale: Dendracin lotion is a blend of Methyl Salicilate, Capsaicin and Menthol. These are readily available as over the counter products and are not FDA approved or reviewed. Per Guideline Standards mix should not be considered a compounded medication. There is no

medical reason why these substances could not be obtained over the counter. Dendracin is not medically necessary as a compounded medication.

FUNCTIONAL CAPACITY EVALUATION (FCE) (PR2 DATED 05/28/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Non-MTUS- (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Fitness for Duty Procedure Summary.

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) Chapter 7, page(s) 138.

Decision rationale: Guidelines are not supportive of Functional Capacity Evaluations (FCE) unless there is a specific job task that is being considered by a specific employer. There is no documentation of a planned return to work or communications with a potential employer. A FCE in isolation is not an accurate predictor of long term capabilities or limitations. The requested FCE is not medically necessary and appropriate.