

Case Number:	CM13-0022791		
Date Assigned:	11/13/2013	Date of Injury:	12/15/2010
Decision Date:	02/12/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

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 Family Practice, 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. 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 51-year-old female who reported a work-related injury on 12/15/10 as the result of a fall. Subsequently, the patient presented for treatment of status post closed fracture of lateral malleolus, epiphysiopathy of the bilateral hips, pin in joint of shoulder, lumbar spondylosis, and pain in joint of lower left leg. The only clinical document submitted for review was an after care worksheet dated 7/31/13 and signed by [REDACTED]. The provider documents that the patient was prescribed modified work duties, topical analgesics, and a recommendation to undergo a functional capacity evaluation, as well as MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems and Functional Recovery in Workers (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems and Functional Recovery in Workers (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138.

Decision rationale: There was no clinical documentation submitted for review evidencing the rationale for the requested service. In addition, the clinical notes failed to document the patient's recent course of treatment, physical exam findings, and the patient's subjective complaints. The California MTUS/ACOEM indicates that functional capacity evaluations can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. Therefore, given all the above, the request is neither medically necessary nor appropriate.

30 gms of Cyclobenzaprine 10% / Gabapentin 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: There was no clinical documentation submitted for review evidencing the rationale for the requested service. In addition, the clinical notes failed to document the patient's recent course of treatment, physical exam findings, and the patient's subjective complaints. The California MTUS indicates that topical Gabapentin is not recommended, and there is no evidence for use of any other muscle relaxant as a topical product. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Since any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a compounded whole, the request is neither medically necessary nor appropriate.

30gms of Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: There was no clinical documentation submitted for review evidencing the rationale for the requested service. In addition, the clinical notes failed to document the patient's recent course of treatment, physical exam findings, and the patient's subjective complaints. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Given all the above, the request is neither medically necessary nor appropriate.