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| Case Number: | CM13-0023679 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 04/17/2013 |
| Decision Date: | 01/13/2014 | UR Denial Date: | 08/27/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

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 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 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 41-year-old male who reported an injury on 04/17/2013, with the mechanism of injury being that the patient slipped on some leaves while carrying a heavy tree trunk. The patient was noted to have neck pain, shoulder pain and lower back pain. The patient's diagnoses were noted to include cervical spine sprain/strain, bilateral shoulder sprain/strain (rule out internal derangement), lumbar radiculopathy, lumbar spine strain/sprain (rule out H&P) and right ear pain. The requested treatments were noted to include a Functional Capacity Evaluation; shockwave therapy, body part, frequency and duration not specified; an MRI, body part not specified; and x-rays, body parts and views not specified; as well as a DME purchase of an LSO brace; a TENS unit, without specificity of rental or purchase; a hot/cold unit, compounded Ketoprofen 20% in PLO gel; compounded Cyclophene 5% in PLO gel; and Synapryn 10 mg/1 oral suspension.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation Guidelines..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation Guidelines, Online Version..

Decision rationale: The ACOEM Guidelines address Functional Capacity Evaluations; however, they do not address guidelines for usage. The Official Disability Guidelines recommend consideration of a Functional Capacity Evaluation if case management is hampered by a prior, unsuccessful return to work attempt, conflicting medical reporting on precautions and/or fitness for a modified job, enquiries that require detailed exploration of a worker's abilities, and timing is noted to be appropriate if the patient is close to MMI and if all secondary conditions have been clarified. The PR-2 dated 08/05/2013 failed to indicate that the patient had prior unsuccessful return to work attempts, had conflicting medical report on precautions and/or fitness for modified jobs and failed to provide that the patient was close to or at MMI. The request for a functional capacity evaluation is not medically necessary and appropriate.

Shockwave therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Low Back, Shock wave therapy..

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The ACOEM Guidelines address shockwave therapy. However, as the request does not list a body part, frequency or duration; ACOEM cannot specifically address the body part. The physician documented that they recommended that the patient undergo a course of shockwave therapy for up to 3 treatments for the left and right shoulders and 6 treatments for the cervical and lumbar spine, however, the request that was submitted failed to provide the requested body part, frequency and duration. The request for shockwave therapy is not medically necessary and appropriate.

A MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: According to the ACOEM guidelines, special studies are generally not necessary until after approximately 4 to 6 weeks of conservative care. The medical records provided for review lacked documentation indicating prior testing that had been done as the patient's injury was noted to have taken place on April 17, 2013. The request, per the physician note dated August 8, 2013, was for an MRI of the cervical spine, left and right shoulders and the lumbar spine.

X-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The ACOEM guidelines address x-rays for various body parts. The clinical documentation submitted for review failed to provide prior diagnostic studies. The clinical documentation submitted for review indicated that the physician requested x-rays of the cervical spine, left and right shoulders and the lumbar spine. However, the request submitted failed to provide the requested body parts for the x-rays and the views. The request for x-rays is not medically necessary and appropriate.

DME Purchase: LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The ACOEM Guidelines address corsets as optional for acute low back pain in the occupational setting. The application of a secondary source due to indications for usage, states that "lumbar supports are for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP". However, the prolonged use of a back brace may lead to deconditioning. The request for a DME purchase for an LSO brace is not medically necessary and appropriate.

Tens unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-115.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1-month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain. However, there must be documentation of pain of at least 3 months in duration, evidence that other pain modalities have been tried, including medication failed; and other ongoing pain management techniques have been trialed and have failed. Additionally, a plan, including the specific short-term and long-term goals of treatment with a TENS should be submitted. The clinical documentation submitted for review indicated that the patient was to have a TENS unit with

supplies for home use. However, it failed to provide that the patient would be using this as an adjunct to an evidence-based functional restoration program, there was no documentation of pain of at least 3 months duration, no evidence that other appropriate pain modalities had been tried and failed and did not indicate whether the unit was for purchase or for rental. Additionally, there was no treatment plan, including the specific long and short-term goals of treatment. The request for a TENS unit is not medically necessary and appropriate.

Hot/Cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The ACOEM Guidelines, indicate that physical methods including the at home application of cold in the first few days of acute complaints and thereafter, applications of heat or cold in the low back may be applied. The clinical documentation submitted for review indicated that the physician was requesting a hot and cold unit for the patient. However, the clinical documentation submitted for review failed to provide the body part that was specified and did not provide the rationale for the use of the unit and exceptional factors as to why the unit would be necessary instead of hot and cold packs for at home application. The request for a hot/cold unit is not medically necessary and appropriate.

Compounded Ketoprofen 20 percent in PLO gel, apply thin layer to affected area three times a day, 120grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Ketoprofen Page(s): 72, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Ketoprofen Page(s): 111, 72.

Decision rationale: The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended, and Ketoprofen is a non-FDA-approved agent for topical application. The clinical documentation submitted for review failed to provide exceptional factors too warrant nonadherence to guideline recommendations. The request for compounded Ketoprofen 20% in PLO gel, apply thin layer to affected area 3 times a day, at 120 gm is not medically necessary and appropriate.

Compounded Cyclophene 5percent in PLO gel, apply thin layer to affected area three times a day, #120grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 113.

Decision rationale: The California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for the use of any other muscle relaxant as a topical product. The clinical documentation submitted for review did not provide the necessity for Cyclophene. Additionally, it failed to provide exceptional factors to warrant nonadherence to the guideline recommendations. The request for compounded Cyclophene 5% in PLO gel, apply thin layer to affected area 3 times a day at #120 grams is not medically necessary and appropriate.

Synapryn 10mg/1ml oral suspension, 5ml(1tsp) three times a day as directed, #500ml:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Pain-Medical Food. The US National Institutes of Health (NIH), National Library of Medicine (NLM) PubMed, 2013..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Glucosamine Sulfate Page(s): 49, 78, 93, and 94. Decision based on Non-MTUS Citation Synapryn Drug Package Insert, Online..

Decision rationale: Synapryn, per the online package insert, includes tramadol and glucosamine sulfate. The California MTUS Guidelines recommend tramadol for pain; however, they do not recommend it as a first-line oral analgesic. It is noted to be a synthetic opioid. California MTUS Guidelines recommend documentation of a patient's pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug-related behaviors for continuation of medications. Additionally the California MTUS Guidelines recommend glucosamine sulfate for patients with moderate arthritis pain, especially knee osteoarthritis and also recommend that only one medication should be given at a time. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence guideline recommendations. Additionally, it failed to provide that the patient had tried a first-line oral analgesic. The request for Synapryn 10 mg/1 mL oral suspension at 5 mL (1 tsp) 3 times a day as directed with #500 ml, is not medically necessary and appropriate.