

Case Number:	CM13-0028121		
Date Assigned:	06/06/2014	Date of Injury:	09/19/2003
Decision Date:	07/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 injured worker is a 66-year-old male with a reported date of injury on 09/19/2003. The injury reportedly occurred while the worker was performing his duties as a construction worker. The injured worker presented with complaints of low back pain, rated at 5/10. In addition, the injured worker complained of left buttocks sharp and stabbing pain. The physical examination revealed, lumbosacral spine range of motion at flexion to 20 degrees, extension to 5 degrees, and lateral bending to 15 degrees bilaterally. Kemp's and straight leg test were both negative bilaterally. The physician indicated that the injured worker underwent 2 lumbar epidural steroid injections, trigger point injections, and physical therapy. The results of the previous conservative care were not provided within the documentation available for review. The physician also indicated that the injured worker is not working and is looking for a job due to financial hardship. The injured worker's diagnoses included lumbar herniated disc, chronic pain syndrome, mechanical low back pain, chronic pain related insomnia, myofascial syndrome, and prescription narcotic dependence. The injured worker's medication regimen included Cidaflex, Norco, Celebrex and gabapentin. The Request for Authorization for one Functional Capacity Evaluation, one time saliva DNA testing, six (6) water based physical therapy sessions, and Medrox patches #30 was submitted on 09/19/2013. The 1 time saliva DNA test was requested to assist with the injured worker's predisposition, if any, to prescription narcotic dependency and/or tolerance. In addition, the physician indicated that he would like the injured worker to start water therapy and other conservative modalities in order to reduce the injured worker's narcotic intake and facilitate him in working again. The rationale for the Medrox patches was not included within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

Decision rationale: The California MTUS Guidelines indicate that functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The functional improvement measures include the following categories to include work functions and/or activities of daily living, self-reported disability, objective measures of the injured worker's functional performance in the clinic, but this may include self-reported functional tolerance and can document the injured worker's self-assessment of functional status through the use of questionnaires and pain scales. Within the clinical documentation provided, the physician indicates that the injured worker is not working. The rationale for the Functional Capacity Evaluation was to determine suitability for a specific job. The guidelines indicate that there should be a job that the injured worker is being strengthened for. There is a lack of documentation related to the actual job that the injured worker has to perform, and goals that need to be reached to function in that specific position. As such, the Functional Capacity Evaluation would be unable to evaluate the injured worker for any specific job. Therefore, the request for 1 Functional Capacity Evaluation is not medically necessary.

ONE TIME SALIVA DNA TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, GENETIC TESTING FOR POTENTIAL OPIOID ABUSE.

Decision rationale: The Official Disability Guidelines indicate that genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. There is a lack of documentation provided for review that relates to the concern for the injured worker's abuse, misuse, or unmanaged pain. Additionally, the guidelines indicate that genetic testing for potential opioid abuse is not recommended. Therefore, the request for 1 time saliva DNA testing is not medically necessary.

SIX (6) WATER BASED PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22 & 99.

Decision rationale: The California MTUS Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The clinical information provided for review states that the injured worker has had previous physical therapy. The documentation lacks the number of physical therapy visits and the outcome related to the previous physical therapy. In addition, there is a lack of documentation related to concerns of the injured worker's obesity or the need for water based exercise as opposed to land-based exercise. The rationale for the request stated that the physician indicated he wanted the injured worker to participate in water therapy and other conservative modalities in order to reduce his narcotic intake and facilitate him in working again. Aquatic therapy is recommended as an optional form of exercise as an alternative to land-based physical therapy to minimize the effects of gravity. There is a lack of documentation that the physician indicates that the injured worker is in need of exercise that minimizes the effects of gravity. Therefore, the request for six (6) water based physical therapy sessions is not medically necessary.

MEDROX PATCHES #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICAL, CAPSAICIN, TOPICAL ANALGESICS Page(s): 105, 111 & 112.

Decision rationale: Medrox patches contain capsaicin 0.0375%, menthol, and methyl salicylate. According to the California MTUS Guidelines, topical analgesics are recommended as an option. Although they are largely experimental in use, with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent, and how it will be useful for a specific therapeutic goal required. In addition, the guidelines indicate that salicylate topicals are recommended. Topical salicylates are significantly better than placebos in chronic pain. In addition, the California MTUS Guidelines indicate that capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that an increase over a 0.025% formulation would provide any further effectiveness. In

addition, the guidelines indicate that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is a lack of documentation related to the use of Medrox patches. The rationale for the request was not provided within the documentation available for review. There is a lack of documentation related to the failure of antidepressant use. In addition, the guidelines do not recommend the use of capsaicin in the 0.0375% formulation. The request as it is submitted failed to provide the frequency and specific site in which the Medrox patches were to be utilized. Therefore, the request for Medrox patches #30 is not medically necessary.