

Case Number:	CM13-0035897		
Date Assigned:	12/13/2013	Date of Injury:	02/16/2010
Decision Date:	02/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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 Texas. 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 46-year-old female who reported an injury on June 09, 2013 due to opening a heavy gate, causing injury to her neck, mid back and upper extremities. The patient's prior treatment included medication and physical therapy. The patient underwent an MRI of the thoracic spine that was an unremarkable study. Additional treatment included a TENS unit, heat, and additional medications. The patient's most recent clinical evaluation revealed tenderness to palpation and spasming of the trapezius and paraspinal musculature of the thoracic spine. The patient's diagnosis included a thoracic spine sprain/strain. The patient's treatment plan included chiropractic care, acupuncture, an MRI, a TENS unit, medications, and LINT therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Functional Capacity Evaluation (FCE) (REDACTED), between September 9, 2013 and November 10, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The ACOEM recommends the use of a functional capacity evaluation to obtain a more precise delineation of patient capabilities than is available from routine physical examination and notes. The clinical documentation submitted for review does not provide any evidence

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The ACOEM recommends the use of a functional capacity evaluation to obtain a more precise delineation of patient capabilities than is available from routine physical examination and notes. The clinical documentation submitted for review does not provide any evidence of how a functional capacity evaluation would contribute to the treatment planning of this patient. There is no indication that a work conditioning or work hardening program is being considered. Additionally, the Official Disability Guidelines recommend functional capacity evaluations when a patient is close to or at maximum medical improvement, or there has been failed return to work attempts. The clinical documentation submitted for review does not provide any evidence that the patient has had any failed return to work attempts or is close to or at maximum medical improvement. Therefore, a functional capacity evaluation would not be indicated. As such, the requested one (1) functional capacity evaluation (FCE) (through [REDACTED]), between September 9, 2013 and November 10, 2013 is not medically necessary or appropriate.

TENS/EMS unit ([REDACTED]), between September 9, 2013 and November 10, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114.

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient has had significant functional improvement from a 30 day trial. Additionally, the Chronic Pain Medical Treatment Guidelines recommend the use of a TENS unit as an adjunct therapy to an active functional restoration program. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in active therapy that would benefit from an adjunct therapy such as a TENS unit. It is noted within the documentation that the patient has previously used a TENS unit. However, the duration and documentation of significant benefit were not provided. As such, the prospective request for a TENS/EMS unit [REDACTED] [REDACTED] between September 9, 2013 and November 10, 2013, is not medically necessary or appropriate.

one (1) prescription for Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 20% ([REDACTED]), between September 9, 2013 and November 10, 2013: Upheld

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

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

Decision rationale: The California MTUS does not routinely recommend the use of topical agents as they are considered largely experimental and there is not a significant amount of scientific evidence to establish efficacy of these medications. The California MTUS only recommends the use of capsaicin as a topical agent when there is documentation that the patient has failed to respond to other first line treatments to include oral medications. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line treatments including oral medications. Additionally, topical formulations of nonsteroidal anti-inflammatory medications such as flurbiprofen are not supported by the California MTUS unless there is documentation that use of oral nonsteroidal anti-inflammatory drugs is contraindicated for the patient, or that the patient cannot tolerate an oral formulation. Although the California MTUS does recommend the use of methyl salicylate for osteoarthritic pain, the requested compounded medication contains capsaicin and flurbiprofen, which are not supported by guideline recommendations or the submitted documentation. As such, the prospective request for one (1) prescription for Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 20% (████████████████████), between September 9, 2013 and November 10, 2013, is not medically necessary or appropriate.

one (1) prescription for Flurbiprofen 20%, Tramadol 20% (████████████████████), between September 9, 2013 and November 10, 2013: Upheld

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

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

Decision rationale: The California MTUS does not routinely recommend the use of topical analgesics as they are not supported by scientific evidence. The California MTUS does not recommend the use of flurbiprofen as a topical agent unless there is documentation that oral formulations of a nonsteroidal anti-inflammatory drug are not tolerated or contraindicated for the patient. Additionally, peer reviewed literature does not recommend the use of tramadol, as opioids as topical agents are considered experimental and not supported by scientific evidence. As such, the requested one (1) prescription for Flurbiprofen 20%, Tramadol 20% (through ████████████████████), between September 9, 2013 and November 10, 2013, is not medically necessary or appropriate.

30 Medrox Patch (████████████████████), between September 9, 2013 and November 10, 2013: Upheld

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

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

Decision rationale: The requested formulation of Medrox patches includes methyl salicylate, menthol, and capsaicin. The California MTUS does not recommend the use of capsaicin as a topical agent unless the patient has failed to respond to other first line treatments including oral analgesics. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line treatments, including oral analgesics. Although the use of methyl salicylate and menthol is supported by guideline recommendations in the use of osteoarthritic pain, the requested Medrox patches contain capsaicin, which is not supported by guideline recommendations. As such, the prospective request for 30 Medrox Patch (through [REDACTED]), between September 9, 2013 and November 10, 2013, is not medically necessary or appropriate.

Unknown LINT therapy sessions ([REDACTED]), September 9, 2013 and November 10, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address.

Decision rationale: The clinical documentation submitted for review did not clearly identify what type of therapy the request was for. Additionally, an exhaustive search of the California Medical Treatment Utilization Schedule and Official Disability Guidelines and online resources could not identify treatment goals and parameters of this type of therapy. Therefore, the medical necessity of this type of therapy cannot be determined. As such, the prospective request for Unknown LINT therapy sessions (through [REDACTED] between September 9, 2013 and November 10, 2013, is not medically necessary or appropriate.

Unknown Extracorporeal Shock Wave Therapy (ESWT), between September 9, 2013 and November 10, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Shock wave Therapy.

Decision rationale: The Official Disability Guidelines do not recommend the use of shockwave therapy due to lack of scientific evidence to support the efficacy of this treatment. As such, the prospective request for Unknown Extracorporeal Shock Wave Therapy (ESWT) (through [REDACTED])

████████████████████), between September 9, 2013 and November 10, 2013, is not medically necessary or appropriate.