

<b>Case Number:</b>	CM13-0044661		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 54-year-old female who reported an injury on 05/27/2008. The patient is currently diagnosed with a cervical disc herniation with myelopathy, bursitis and tendonitis of the bilateral shoulders, a partial rotator cuff tear, medial epicondylitis of the bilateral elbows, bilateral carpal tunnel syndrome, a lesion of the ulnar nerve, tendonitis/bursitis of the bilateral wrists and lateral epicondylitis of the bilateral elbows. The patient was seen by [REDACTED] on 10/02/2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed 2+ spasm and tenderness in the bilateral paraspinal muscles from C4-7, palpable trigger points, positive shoulder depression testing, positive distraction testing, 2+ spasms with tenderness to palpation of the bilateral shoulders and elbows and 2+ tenderness to palpation with spasms and positive Phalen's testing and bracelet testing in the bilateral wrists and hands. Treatment recommendations included a work hardening program for 6 visits, the continuation of current medications and a Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucosamine/Chondroitin #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** The California MTUS Guidelines state that glucosamine and chondroitin sulfate are recommended as an option, given the low risk, in patients with moderate arthritis pain and especially for knee osteoarthritis. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. Additionally, there was no evidence of objective measurable improvement following the previous use of this medication. Based on the clinical information received, the request is non-certified.

**TGHot Cream 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. There is no documentation of a failure to respond to first-line oral medications prior to the initiation of a topical analgesic. Despite ongoing use, the patient continued to report persistent pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**FlurFlex 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. There is no documentation of a failure to respond to first-line oral medications prior to the initiation of a topical analgesic. Despite ongoing use, the patient continued to report persistent pain. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Six (6) work conditioning visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**Decision rationale:** The California MTUS Guidelines state that work conditioning is recommended as an option, depending on the availability of quality programs. As per the documentation submitted, the patient has not undergone a Functional Capacity Evaluation prior to the request for a work conditioning program. There was also no indication of an adequate trial of physical therapy with improvement followed by a plateau. There was no evidence of a defined return to work goal. Furthermore, the patient's injury was greater than 5 years ago to date. The California MTUS Guidelines state that the worker must be no more than 2 years past the date of injury. Based on the clinical information received, the patient does not meet the criteria for the requested work conditioning program. Therefore, the request is non-certified.

**FCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**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 Chapter, Functional Capacity Evaluation

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that a number of functional assessment tools are available, including Functional Capacity Examinations, when reassessing function and functional recovery. As per the clinical documentation submitted, there is no evidence of previous, unsuccessful return to work attempts. There was also no evidence that this patient has reached or is close to Maximum Medical Improvement. There is no documentation of a defined return to work goal or job plan which has been established, communicated and documented. Based on the clinical information received, the medical necessity for the requested service has not been established. As such, the request is non-certified.