

Case Number:	CM13-0053680		
Date Assigned:	12/30/2013	Date of Injury:	01/01/1993
Decision Date:	03/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	11/05/2013

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 and Mississippi. 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 49-year-old male who reported injuries on 01/01/1993 through 12/01/2010. The mechanism of injury was noted to be the patient was responsible for setting up and installing plastic equipment at residential and commercial sites to remediate and abate areas from asbestos, mold, led, and other compounds; cleaning and removing mold and other compounds; and other duties and as such, it was noted to be a cumulative trauma. The patient was noted to have subjective complaints of neck pain, back pain, bilateral lower extremity pain, skin irritation, blurry vision to both eyes, respiratory problems, psychiatric complaints, and sleeping problems. The patient was noted to not be taking any medications. The patient was noted to not be receiving physical therapy at the time of the office visit. The patient was noted to walk with an antalgic gait favoring the left lower extremity. The patient was noted to have a left mid leg amputation. The patient's cervical range of motion was restricted. The patient's thoracic and lumbar range of motion was noted to be restricted. The patient was noted to have tenderness and spasm that was elicited upon palpation of the upper mid and lower paraspinal musculature bilaterally. The patient was noted to have tenderness and spasm elicited on palpation of the paralumbar and gluteal musculature bilaterally and tenderness over the sacroiliac joints, sciatic notch and posterior iliac crest bilaterally. The patient's diagnoses were noted to be cervical, thoracic and lumbosacral musculoligamentous strain/sprain, thoracic myofascial pain, cervical radiculitis, and lumbosacral spine disease with radiculopathy. The request was made for a Functional Capacity Evaluation, a urine toxicology screen, an interferential unit, 12 sessions of physical therapy for the lumbar spine, Fluriflex, and TG hot cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of TGHOT cream 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Gabapentin, Topical Capsaicin, Topical Analgesics, Topical Salicylates Page(s): 82, 11. Decision based on Non-MTUS Citation FDA.gov

Decision rationale: The MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review indicated that the topical medication was prescribed to minimize possible GI and neurovascular complications and to avoid complications associated with the use of narcotic medications as well as an upper GI bleed from the use of NSAIDs. There was a lack of documentation of exceptional factors. As the guidelines do not recommend several of the ingredients and the FDA does not approve Tramadol for topical use, the request for 1 prescription of TGHOT cream 180 gm is not medically necessary.

One (1) prescription of Fluriflex 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, and Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: The MTUS guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institutes of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... The MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of

cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to indicate the employee had a trial of antidepressants or anticonvulsants that had failed. It was indicated that topical medications were prescribed in order to minimize possible GI and neurovascular complications and to avoid complications associated with the use of narcotic medications as well as upper GI bleed from the use of oral NSAIDs. However, as flurbiprofen is not recommended and cyclobenzaprine is not recommended for topical use, the request for 1 prescription of Fluriflex 180 gm is not medically necessary.

Twelve (12) physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation indicated that the employee had restricted range of motion due to pain. However, there was a lack of documentation indicating the employee's prior physical therapy treatments and the employee's objective functional response to those treatments. There was a lack of documentation indicating the quantity of physical therapy sessions previously received. There was a lack of documentation indicating a necessity for 12 physical therapy visits. As the employee's injury was noted to be in 2010, the employee should be well-versed in a home exercise program. Given the above, the request for 12 physical therapy visits for the lumbar spine plus evaluation is not medically necessary.

One (1) IF unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The MTUS guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and it should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to support the necessity for physical therapy and as such, the request for interferential current stimulation would not be medically necessary. There was a lack of documentation per the submitted request as to whether the unit was for purchase or a 1 month trial. Given the above, the request for 1 IF unit is not medically necessary.

One (1) Urine toxicology screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The MTUS guidelines indicate that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the employee was not on opioid therapy or narcotic therapy. There was a lack of documentation indicating the rationale for the request of a urine toxicology screen. Additionally, this request was to be concurrently reviewed with a request for TGhot which included tramadol. As tramadol was not medically necessary and there was a lack of documentation indicating a rationale for the request, the request for 1 urine toxicology screening is not medically necessary.

One (1) 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), Fitness for Duty Chapter.

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 Evaluations (FCE).

Decision rationale: ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to indicate the employee had a prior unsuccessful attempt to return to work. Given the above, the request for 1 Functional Capacity Evaluation is not medically necessary.