MAXIMUS Federal Services

Case Number:	CM13-0059686		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2010
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 42-year-old female who reported an injury on 03/10/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with right foot crush injury, bilateral lower extremity neuritis, and an antalgic gait. The patient was seen by [redacted] on 10/31/2013. It is noted that the patient completed a course of physical therapy. The patient reported persistent pain to the right foot. Physical examination only revealed an antalgic gait. Treatment recommendations included a prescription for Exoten-C lotion 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:

Functional Capacity Evaluation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing

function and functional recovery. Official Disability Guidelines state Functional Capacity Evaluations should be considered if case management is hampered by complex issues and the timing is appropriate. As per the documentation submitted, there was no evidence of a physical examination on the requesting date of 10/31/2013. There is no indication of previous unsuccessful return to work attempts. There is also no indication that this patient is close to or at maximum medical improvement. There was no documentation of a defined return to work goal or job plan, which had been established, communicated and documented. The medical necessity has not been established. Therefore, the request is non-certified.

Exoten-c Lotion QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Comp. 2012 on the Web, Topical Analgesics

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

Decision rationale: California MTUS Guidelines state 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. There was no documentation of neuropathic pain upon physical examination. There is also no indication of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.