

<b>Case Number:</b>	CM13-0068069		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/12/2001
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 12, 2001. The applicant has been treated with the following: Analgesic medications; attorney representation; multiple lumbar spine surgeries; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated December 19, 2013, the claims administrator apparently denied a request for various topical compounded drugs and a functional capacity evaluation. The applicant's attorney subsequently appealed. It was apparently note that the applicant underwent a most recent lumbar spine surgery on September 19, 2013. The applicant was off of work, on total temporary disability, as of a progress note of March 7, 2013. The applicant was described as using a variety of oral pharmaceuticals, including OxyContin, Norco, Soma, Neurontin, and Valium on March 27, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **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 ACOEM, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATION AND CONSULTATIONS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While page 21 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines in Chapter 2 do acknowledge that functional capacity testing can be considered to help quantify functional impairment into limitations and restrictions. In this case, however, the applicant is off of work, on total temporary disability. The applicant does not appear to have a job to return to. The applicant is now over 10 years removed from the date of injury, December 21, 2001. It does not appear that the applicant has a job to return to as a construction worker. It is not clear why functional capacity testing is being sought as the applicant does not appear intent on returning to the workplace/workforce and, furthermore, does not appear to have a job to return to. Therefore, the request is not medically necessary.

**1 PRESCRIPTION OF TOPICAL CREM TRAMADOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 3, page 47, and oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, OxyContin, Soma, etc. effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the tramadol containing cream proposed here. Therefore, the request is not medically necessary.

**1 PRESCRIPTION FOR TOPICAL CREAM GABAPENTIN:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, gabapentin is specifically not recommended for topical compound formulation purposes. Since one more ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**1 PRESCRIPTION OF TOPICAL CREAM CYCLOBENZAPRINE: Upheld**

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

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

**Decision rationale:** As noted on page 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.