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| Case Number: | CM14-0002314 | | |
| Date Assigned: | 04/04/2014 | Date of Injury: | 02/18/2009 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 patient is a 65 year old female with date of injury 02/18/2009. The medical report associated with the request for authorization, a primary treating physician's progress report, dated 12/12/2013, lists subjective complaints as low back pain and bilateral lower extremity cramps. She states that prolonged sitting causes leg stiffness and pain. She also complains of occasional cervical pain. Objective findings: The report stated that there were no changes to the patient's condition since the last physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION (FCE).

Decision rationale: According to the Official Disability Guidelines, one may consider an FCE if case management is hampered by complex issues including: Prior unsuccessful RTW attempts; Conflicting medical reporting on precautions and/or fitness for modified job; Injuries that require detailed exploration of a worker's abilities. To be considered, timing must appropriate as

indicated by: The patient being close or at MMI/all key medical reports secured;
Additional/secondary conditions clarified. There is no documentation in the medical record that the request for a functional capacity evaluation is predicated on any of the above criteria. A functional capacity evaluation is not medically necessary.

VICODIN ES, QTY 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The request for Vicodin ES was partially certified for a quantity of 60 tablets plus 2 refills. Certification for additional Vicodin ES must be dependent upon documentation of functional benefit by taking the medication, as indicated by the MTUS guidelines. The medical record fails to document any improvement as a result of taking Vicodin ES. Therefore, the request cannot be found to be medically necessary.

CYCLOBENZAPRINE CREAM: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Therefore, this product is not medically necessary.