

Case Number:	CM14-0007248		
Date Assigned:	02/12/2014	Date of Injury:	08/09/2007
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/20/2014

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 63-year-old female who has filed a claim for cervical radiculopathy associated with an industrial injury date of August 09, 2007. Review of progress notes reports increasing neck pain radiating to the right shoulder, mid back pain, and occasional tingling and numbness in both hands. Of note, patient had a previous diagnosis of left carpal tunnel syndrome. Findings include tenderness of the cervical region, decreased range of motion of the cervical and thoracic regions, and slightly decreased motor strength of the left biceps and wrist extensors. Treatment to date has included NSAIDs, Tylenol, 16 physical therapy sessions, 24 chiropractic therapy sessions, 8 acupuncture sessions, and cervical spinal surgery in November 2011. Utilization review from January 15, 2014 denied the request for consult with specialist for impairment rating of right shoulder, right elbow, and bilateral wrists; functional capacity exam of the cervical and thoracic spine; and Lidopro topical ointment 4oz. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT WITH A SPECIALIST (FOR IMPAIRMENT RATING OF RIGHT SHOULDER, RIGHT ELBOW AND BILATERAL WRISTS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter 6, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Latest progress note from October 18, 2013 indicates the impairment ratings for the cervical and thoracic spines. There are no descriptions regarding subjective symptoms and objective deficits of the right shoulder, right elbow, and bilateral wrists. There is no clear indication for the need for a consult with a specialist just to obtain impairment ratings for these body parts. Therefore, the request for consult with specialist for impairment rating of right shoulder, right elbow, and bilateral wrists was not medically necessary.

FUNCTIONAL CAPACITY EXAM OF THE CERVICAL AND THORACIC SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

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 chapter, Functional capacity evaluation (FCE)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. Patient has had a functional capacity evaluation dated October 28, 2013. Since then, there is no documentation regarding significant changes in the patient's condition, or of issues related to returning to work. Therefore, the request for functional capacity exam of the cervical and thoracic spine was not medically necessary.

LIDOPRO TOPICAL OINTMENT 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: An online search indicates that Lidopro is composed of capsaicin, lidocaine, menthol, and methyl salicylate. California MTUS Chronic Pain Medical Treatment Guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical Over-The-Counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. There is no indication that the patient is intolerant to or has failed first-line pain medications. Also, lidocaine is not recommended for ointment application. Therefore, the request for Lidopro topical ointment 4oz was not medically necessary.

FOLLOW UP VISIT IN 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient has persistent cervical, lumbar, and bilateral wrist pain. Patient was prescribed with medications and monitoring of response to therapy is necessary. However, the request failed to specify the number of visits being requested. Moreover, previous utilization review determination, dated January 15, 2014, has already certified this request. Therefore, the request for follow up visit in 3 months is not medically necessary.