MAXIMUS Federal Services

Case Number:	CM14-0007923		
Date Assigned:	04/07/2014	Date of Injury:	04/16/2009
Decision Date:	05/27/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	01/17/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 50-year-old male who reported injury on 04/16/2009. The mechanism of injury was the injured worker was lifting a water heater. The injured worker was noted to be taking oral Neurontin and oral Norco in 05/2013. The documentation of 12/04/2013 revealed the injured worker had been treated with physical therapy, an epidural injection, oral medications, a psychologist where he completed 8 visits, and 10 conservative therapy sessions. The injured worker complained of constant severe pain that was described as sharp. The injured worker reported radiating pins and needles to both legs but more on the left. Physical examination revealed painful range of motion. The diagnoses included lumbar disc displacement with myelopathy, sciatica, and anxiety. The treatment plan included FlurFlex and TGhot, surgical orthopedic consultation, a Functional Capacity Evaluation, and a neuropsychological evaluation. The physician indicated the injured worker had decreased bilateral S1 deep tendon reflexes, right S1 dermatome and right S1 myotome, positive orthopedic findings for the lumbar spine, painful and restricted ranges of motion for the lumbar spine, and muscle spasms of the musculature surrounding the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 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).

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 ODG, Fitness for Duty Chapter, 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. ODG 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 all secondary conditions had been clarified as there was a request for an orthopedic evaluation as well as a psychological evaluation. There was a lack of documentation indicating the injured worker had a prior unsuccessful attempt to return to work. Given the above, the request for 1 Functional Capacity Evaluation is not medically necessary.

FLURFLEX (FLURBIPROFEN 15%, CYCLOBENZAPRINE 10%), 180MG, #1: Upheld

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

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

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are 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. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants 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 injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally as Flurbiprofen is not approved for topical application and cyclobenzaprine is not recommended to be added to other agents, the request would not be supported. Given the above, the request for prescription of FlurFlex (Flurbiprofen 15%, cyclobenzaprine 10%) 180 mg #1 is not medically necessary.

TGHOT (TRAMADOL 8%, GABAPENTIN 105, MENTHOL 2%, CAMPHOR 2%, CAPSAICIN 0.05%) 180GM, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Gabapentin, Topical Capsicin, Topical Analgesics, Topical Salicylates Page(s): 82, 113.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin is not recommended for topical use as there is no peer-reviewed literature to support use. The clinical documentation submitted for review failed to indicate the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. Additionally, it was indicated the injured worker had taken an oral form of gabapentin. Gabapentin is not recommended for topical use. Additionally, the injured worker was noted to have utilized opioids in 05/2013. There was a lack of documentation of objective pain relief and objective functional improvement with the medication. Given the above, the request for prescription of TGhot (tramadol 8%, gabapentin 105, menthol 2%, camphor 2%, capsaicin 0.05%) 180 gm is not medically necessary.