

Case Number:	CM14-0105834		
Date Assigned:	07/30/2014	Date of Injury:	08/08/2011
Decision Date:	09/24/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 64 year-old male with a date of injury of 8/8/2011. The patient's industrially related diagnoses include neck sprain and low back pain, L4-L5 spondylolisthesis and stenosis. The disputed issues are functional capacity evaluation, tramadol 50mg #90, cycloketolido topical cream, and 12 chiropractic sessions to the cervical and lumbar spine. A utilization review determination on 6/11/2014 had noncertified these requests. The stated rationale for the denial of a functional capacity evaluation was that a functional capacity evaluation "is not necessary at this time. The most recent examination does not indicate the patient is close to maximum medical improvement, entering a work hardening program, or considering the appropriateness of a potential job. There is no clinical need for an FCE." The rationale for the denial of tramadol was that "the request for tramadol does not seem appropriate. The guidelines note tramadol is not indicated as a first-line pain reliever. The submitted documents do not state the patient completed and failed a trial of first line pain relievers." The cycloketolido topical cream was denied because "the patient was not diagnosed with neuropathic pain and not all agents in the cream are supported." Lastly, the stated rationale for the denial of 12 chiropractic sessions was that "the requested amount is not congruent with the guidelines for chronic low back pain or cervical strain."

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 Official Disability Guidelines.

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) Chapter 7 Functional Capacity Evaluation, page(s) 137-138 Official Disability Guidelines (ODG) Fitness for Duty.

Decision rationale: According to the guidelines referenced above, functional capacity evaluations "may establish physical abilities, and also facilitate the examinee/employer relationship for return to work." However, it states that "there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." The Official Disability Guidelines discuss the complexities of FCE use and include suggested criteria to be met prior to an FCE. The following is an excerpt from the ODG: "Scientific evidence on validity and reliability is limited so far. An FCE is time-consuming and cannot be recommended as a routine evaluation." The guidelines for performing a functional capacity evaluation states that "if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful." However, it does not recommend proceeding with a functional capacity evaluation if the "sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged." The utilization review report referenced a follow-up visit on 5/5/14 and statement that the injured worker "was temporarily totally disabled." There is no documentation that the injured worker is actively participating in determining the suitability of a particular job. Therefore, based on the guidelines above, a functional capacity evaluation is not medically necessary at this time.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol Page(s): 78-79,94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 94 states the following regarding tramadol: "Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." However as of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines, which specify on pages 78-79 the following: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Under "When to Discontinue Opioids" it states that "prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning IMR Medical Professional Reviewer's MPR Form Effective 2.24.14 Page 4 of 10 should occur under direct ongoing

medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned. (a) If there is no overall improvement in function, unless there are extenuating circumstances" There is no documentation of pain relief, functional status, appropriate medication use and side effects of tramadol in the submitted documents. According to the guidelines, if there is not a satisfactory response to treatment with opioids, in this case tramadol, then discontinuation of opioids should be considered. Therefore, due to lack of adequate documentation regarding the use of this opioid, medical necessity cannot be found for Tramadol 50mg #90. This adverse recommendation does not imply abrupt cessation and the requesting healthcare provider should either supplied the requisite information for certification, or taper the patient as he or she sees fit. Therefore, this request is not medically necessary.

Cycloketolido QTY 1: Upheld

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

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

Decision rationale: Cycloketolido is a topical formulation of Cyclobenzaprine, Ketoprofen, and Lidocaine. The Chronic Pain Medical Treatment Guidelines on page 113 states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Furthermore, regarding cyclobenzaprine, it states that "there is no evidence for use of any other muscle relaxant [other than baclofen] as a topical product." There is paucity of research on topical cyclobenzaprine. Therefore, Cycloketolido is not medically necessary.

12 chiropractic sessions to the cervical an lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Regarding manual therapy and manipulation, the guidelines referenced above recommend chiropractic treatments for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for low back pain. Specifically for therapeutic care, the guidelines recommend a "trial of 6 visits over 2 weeks, with evidence of objective functional improvement" before continuing with additional sessions. Therefore the request for twelve chiropractic sessions to the cervical and lumbar is not supported by the guidelines and is not medically necessary.