

Case Number:	CM14-0107691		
Date Assigned:	08/01/2014	Date of Injury:	04/17/2013
Decision Date:	09/26/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, 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 47 year old female who had a work related injury on 04/17/13. She sustained a blunt force trauma to the head and developed concussive syndrome with features of cognitive impairment, headaches, vertigo symptoms, and cervical spine related dysfunction. Most recent clinical documentation submitted for review was dated 06/24/14. She presented in the clinic with complaints of neck pain rated 3-4/10. She stated the back and neck felt the same. She was pending psychiatric evaluation. She was complaining of some memory loss short and long term. She was having headaches and difficulty finding words and felt dizzy sometimes. Physical examination cervical spine tenderness to palpation over the paracervical muscles bilaterally. Flexion of cervical spine was 45 degrees, extension 40 degrees. Lateral bending to the right and left was 40 degrees. Range of motion was limited in all planes by pain. Spurling test was positive. Neural foraminal compression test was positive. Shoulder depression test was positive bilaterally. Reflexes were 2+ in upper bilateral upper extremities. Strength was rated 5/5 in bilateral upper extremities. Diagnoses; cervical spine disc syndrome. Cervical spine sprain/strain. Headache. Insomnia. Post-concussion syndrome. Prior utilization review on 06/12/14 was non-certified. Current request is for functional capacity evaluation between 05/19/14 and 07/26/14. Refill of topical creams TG hot and fluriflex between 05/19/14 and 07/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation between 05/19/2014 and 07/26/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Fitness for Duty Chapter.

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 request for functional capacity evaluation between 05/19/2014 and 07/26/2014 is not medically necessary. The clinical documentation submitted for review does not support the request. The injured worker does not meet the criteria fro ODG for an FCE. As such, medial necessity has not been established.

1 refill of topical creams, TGHot and Fluriflex between 05/19/2014 and 07/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Guidelines for Chronic Pain - Topical Analgesics.

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

Decision rationale: Fluriflex: flurbiprofen/cyclobenzaprineTGHot: Tramadol/gabapentin/Menthol/Camphor/CapsaicinAs noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: tramadol and gabapentin which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, this compound is not medically necessary as it does not meet established and accepted medical guidelines.