MAXIMUS Federal Services

| Case Number: | CM14-0010950 | | |
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| Date Assigned: | 02/21/2014 | Date of Injury: | 10/13/2011 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

## 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 claimant was injured on 10/13/11. She injured her left upper extremity and saw [redacted] on 07/23/13. She was status post removal of a volar wrist plate and complained of diffuse muscle pain throughout the forearm and lower upper arm. She had diffuse forearm tenderness with no limitation of range of motion and was to continue her anti-inflammatory medications. She had made significant but incomplete gains with therapy and had a long history of deconditioning. A trial of full duty was recommended and she was prescribed Dendracin lotion and nabumetone. On 09/10/13, she reported ongoing symptoms consistent with deconditioning. She was awaiting approval for additional therapy and was to continue her nabumetone. On 10/28/13, she still had deconditioning of the left forearm with a well-healed incision. There was no evidence of CRPS. She was to continue her strengthening and work conditioning and her anti-inflammatories as needed. On 11/25/13, there was no change in her symptoms or examination. She continued Dendracin and nabumetone. On 01/06/14, additional therapy was under appeal. A functional capacity evaluation was planned to determine permanent work restrictions. She was given Dendracin and nabumetone again.

## 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations And Consultations.

**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.

**Decision rationale:** The history and documentation do not objectively support the request for a Functional Capacity Evaluation to determine permanent work restrictions. The ODG recommend the following "Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: - 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. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) In this case, the claimant was cleared to return to full work but there is no information as to whether she did return to her full work and whether or not she tolerated it or had specific problems. It is not clear from the records why she requires permanent restrictions. The medical necessity of this request has not been clearly demonstrated.

**DENDRACIN LOTION 60ML #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Dendracin lotion. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of her oral anti-inflammatory, Nabumetone, and it is not clear what additional benefit was anticipated via the use of Dendracin. There is no documentation of improvement from the use of Dendracin in the records, although the claimant reportedly has used it. The medical necessity of this request has not been clearly demonstrated.