

Case Number:	CM14-0014121		
Date Assigned:	02/26/2014	Date of Injury:	07/05/2005
Decision Date:	08/07/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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:

Patient is a 58-year-old female who has submitted a claim for cervical intervertebral disc syndrome, head trauma, headache, left wrist sprain, left hand sprain, cognitive disorder, anxiety and depression associated with an industrial injury date of 07/05/2005. Medical records from 2013 to 2014 were reviewed. Patient complained of headaches with loss of consciousness due to head trauma. She reported pain at the neck, left wrist / hand associated with numbness, tingling, and weakness, graded 7/10 in severity. Pain was worse with grasping and gripping activities. Intake of medications alleviated her symptoms. Physical examination of the cervical spine and left wrist showed tenderness and restricted motion. Shoulder depression test and left carpal compression test were positive. Treatment to date has included right carpal tunnel release, physical therapy, and medications. Previous utilization review from 01/21/2014 citing reasons for denial were not made available in the records submitted.

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, Chapter 7 Independent Medical Examination and Consultation. And Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation(FCE) chapter.

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, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation.

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that 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. In this case, the rationale for FCE is to determine patient's potential to return to work. However, medical records submitted and reviewed did not provide evidence of return-to-work attempts. Furthermore, there is no job specific description submitted which is recommended by the guidelines. The medical necessity is not established at this time. Therefore, the request for functional capacity evaluation is not medically necessary.

240 gm Compound Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA-approved. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. The topical formulation of Tramadol does not show consistent efficacy. Regarding 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 OTC pain relievers that contain may in rare instances cause serious burn. The guidelines do not address camphor. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded product contains Flurbiprofen and Tramadol, which are not recommended for topical use. Therefore, the request for 240 gm Compound Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary.

240 gm Compound Flurbiprofen 25%, Cyclobenzaprine 02%, Physiotherapy; Twelve (12) Sessions (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Physical Medicine Page(s): 111-113, 98-99.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Any compounded product that contains at least one drug (or drug class) that is not recommend is not recommended. Both Cyclobenzaprine and Flurbiprofen are not supported by the guidelines. Therefore, the request for 240 gm Compound Flurbiprofen 25%, Cyclobenzaprine 02% is not medically necessary. In the other hand, the pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient complained of neck pain and left wrist / hand pain associated with weakness. Patient completed a course of physical therapy; however, functional outcomes were not disclosed. There were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. It is unclear why patient cannot transition into a self-directed home exercise program. The medical necessity was not established. Therefore, the request for Physiotherapy; Twelve (12) Sessions (2x6) is not medically necessary. Given the aforementioned reasons, the request for 240 gm Compound Flurbiprofen 25%, Cyclobenzaprine 02%, Physiotherapy; Twelve (12) Sessions (2x6) is not medically necessary.