MAXIMUS Federal Services

Case Number:	CM14-0015871		
Date Assigned:	03/05/2014	Date of Injury:	02/26/2013
Decision Date:	04/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgery, 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 patient is a 57-year-old with an industrial injury of 2/26/13. Patient fractured his right tibia and fibula and had open reduction internal fixation surgery followed by physical therapy. Exam notes from 1/13/14 demonstrate patient has pain in the right leg. CT on 12/31/13 reveals fracture is healing. There is moderate swelling in the right leg. There is no pain with range of motion. Exam notes from 1/28/14 demonstrate lumbar, flexion, and extension range of motion is limited and complained of minor discomfort. Request is for initial functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN INITIAL FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137 - 138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS does not specifically address functional capacity evaluations. According to the Official Disability Guidelines regarding FCE, "Recommended

prior to admission to a Work Hardening (WH) Program. 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. The ODG says to 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 records show that the patient has returned to work and an ergonomic assessment has not been arranged. In this case it is unclear if the claimant has had unsuccessful attempts at return to work or if the claimant is approaching maximal medical improvement. The request for an initial functional capacity evaluation is not medically necessary or appropriate.

CHIROPRACTIC SESSIONS FOR THE RIGHT LEG, TWICE PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, chiropractic care for knee conditions is not recommended. The request for chiropractic sessions for the right leg, twice per week for six weeks, is not medically necessary or appropriate.

URINALYSIS DNA, COLLECTED ON SEPTEMBER 30, 2013: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: CA MTUS/ACOEM is silent on issue of urinalysis and DNA collection. According to the Official Disability Guidelines, genetic testing for potential opioid abuse is not recommended. The request for urinalysis DNA, collected on September 30, 2013, is not medically necessary or appropriate.

URINALYSIS TOXICOLOGY SCREEN AND DNA, COLLECTED ON DECEMBER 9, 2013: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Genetic Testing for Potential Opioid Abuse Section

Decision rationale: CA MTUS/ACOEM is silent on issue of urinalysis and DNA collection. According to the Official Disability Guidelines, genetic testing for potential opioid abuse is not recommended. The request for urinalysis toxicology screen and DNA, collected on December 9, 2013, is not medically necessary or appropriate.

COMPOUND CAPSAICIN 0.025%/ FLURBIPRODEN 30%/ METHYL SALICYLATE 4% IN LIPODERM BASE, 240 GRAMS TOTAL, PROVIDED ON SEPTEMBER 30, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analagesics are largely experimental and not recommended. The request for compound medication Capsaicin 0.025%/Flurbiprofen 30%/Methyl Salicylate 4% in a Lipoderm base, 240 grams total, provided on September 30, 2013, is not medically necessary or appropriate.

COMPOUND MEDICATION FLURBIPROFEN 30%/ TRAMADOL 20% IN LIPODERM BASE, 240 GRAMS TOTAL, SUPPLIE DON SEPTERMBER 30, 2013,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analagesics are largely experimental and not recommended. The request for compound medication Flurbiprofen 30%/Tramadol 20% in a Lipoderm Base, 240 grams total, supplied on Spetember 30, 2013, is not medically necessary or appropriate.

COMPOUND MEDICATION FLURBIPROFEN 20%/ TRAMADOL 20%/ IN MEDIDERM BASE, PROVIDED ON NOVEMBER 4, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analagesics are largely experimental and not recommended. The request for compound medication Flurbiprofen 20%/Tramadol 20% in a Mediderm base, provided on November 4, 2013, is not medically necessary or appropriate.

COMPOUND MEDICATION GABAPENTIN 10%/ TRAMADOL 20% LIDOCAINE 5% IN MEDIDERM BASE, PROVIDED ON NOVEMBER 4, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analagesics are largely experimental and not recommended. The request for compound medication Gabapentin 10%/Tramadol 20%/Lidocaine 5% in a Mediderm base, provided on November 4, 2013, is not medically necessary or appropriate.

COMPOUND MEDICATION GABAPENTIN 10%/ AMITRIPTYLINE 10 %/ DEXAMETHORPHAN 10 % IN MEDIDERM BASE, PROVIDED ON NEVEMBER 4, 2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analagesics are largely experimental and not recommended. The request for compopund medication Gabapentin 10%/Amitriptyline 10%/Dexamethorphan 10% in a Mediderm base, provided on November 4, 2013, is not medically necessary or appropriate.

COMPOUND MEDICATION AMITRIPTYLINE 4%/ DEXTROMETHORPHAN 10%/ TRAMADOL 20%, 180 GRAMS TOTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analagesics are largely experimental and not recommended. The request for compound medication Amitriptyline 4%/Dextromethorphan 10%/Tramadol 20%, 180 grams total, is not medically necessary or appropriate.

COMPOUND MEDICATION CAPSAICIN 0.0375%, MENTHOL 10%, CAMPHOR 2.5%, TRAMADOL 20%, 180 GRAMS TOTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analagesics are largely experimental and not recommended. The request for compound medication Capsaicin 0.0375%/Menthol 10%/Camphor 2.5%/Tramadol 20%, 180 grams total, is not medically necessary or appropriate.