

Case Number:	CM14-0016948		
Date Assigned:	04/11/2014	Date of Injury:	07/16/2012
Decision Date:	05/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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, 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:

This 44 year-old male sustained an injury on 7/16/12 while employed by the [REDACTED]. Diagnoses include cervical myofascial repetitive strain/sprain, cervical discogenic pain with bilateral upper extremity radiculopathy, status post anterior fusion at C6-7, status post C5 corpectomy of the cervical spine, thoracic spine discogenic pain, new onset neuropathy in the bilateral upper extremities to all digits, and insomnia. Medications include Ultram and topical compounds. A physical therapy report dated 10/2/13 noted diagnoses of cervical spondylosis and orthopedic aftercare. The patient is status post one level cervical fusion on 10/26/12 with L/S issue and does his home exercise program. A report dated 12/27/13 noted that the patient had pain complaints rated at 7/10 with numbness, tingling, and cramping. Exam showed bilateral tenderness to palpation and diminished range with positive Tinel's and Phalen's signs. The treatment plan included a functional capacity evaluation, topical compound creams, EMG/NCV, acupuncture, the use of a TENS unit, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL CAPACITY EVALUATION: 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 (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

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

Decision rationale: Per the patient's provider, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without work status provided. Also, per the ACOEM treatment guidelines, there is little scientific evidence confirming the ability of a functional capacity evaluation to predict an individual's actual work capacity, as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. As such, the request is not medically necessary.

COMPOUND: CAPSAICIN 0.025%, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2%, 240GMS: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials for topical analgesics has been inconsistent; most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical necessity for this topical compounded analgesic, nor have submitted reports demonstrated functional improvement from treatment already rendered for this chronic injury. As such, the request is not medically necessary.

FLURBIPROFEN 25%, CYCLOBENZAPRINE 02%, 240GMS: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials for topical analgesics has been inconsistent; most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without

contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical necessity for this topical compounded analgesic, nor have submitted reports demonstrated functional improvement from treatment already rendered for this chronic injury. As such, the request is not medically necessary.