

<b>Case Number:</b>	CM14-0111976		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 36-year-old male with date of injury of 07/19/2012. The listed diagnoses per [REDACTED] from 04/24/2014 are: 1.Lumbar/lumbosacral disk degeneration.2. Lumbar disk disorder/myelopathy.3.Low back syndrome. According to this report, the patient complains of lumbar spine pain. The patient is having lumbar spine pain at a rate of 7/10 that is constant. His pain radiates through the left leg affecting the left lateral hip and posterior calf. He is experiencing numbness in the left foot. The patient participated in physical therapy a year ago but feels that this did not help. He underwent an ESI, which gave him 20% relief of his back pain and leg pain. The patient currently takes Norco and uses Flector patches, which helps a little bit. The examination shows a normal gait. No tenderness or spasms were noted in the thoracic and lumbar spine. Sensation in the bilateral lower extremities is normal to light touch. Motor strength is 5/5. Reflexes are 2+. Straight leg raise is positive at 60 degrees in the left. The utilization review denied the request on 06/25/2014.

### 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 cite any medical evidence for its decision.

**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) Functional Capacity Evaluation: Chapter:7(p137,139)

**Decision rationale:** This patient presents with lumbar spine pain radiating into the left leg and left lateral hip and posterior calf. The treater is requesting a functional capacity evaluation. The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. The report making the request is missing to determine the rationale behind the request. In this case, routine FCEs are not supported by the guidelines unless asked by an administrator, employer, or if the information is crucial. The request is not medically necessary and appropriate.

**Tramadol 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with lumbar spine pain radiating into the left leg and left lateral hip and posterior calf. The treater is requesting Tramadol 150 mg #60. The MTUS Guidelines page 76 -78 under criteria for initiating Opioids, recommends that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria has been met, a new course of opioids may be tried at this time. The patient is currently taking Norco and reports little benefit. The treating physician would like to trial Tramadol to address the patient's persistent lumbar spine pain and the request is reasonable. The request is medically necessary and appropriate.

**Terocin Patches 4% #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 112:.

**Decision rationale:** This patient presents with lumbar spine pain radiating into the left leg and left lateral hip and posterior calf. The treating physician is requesting Terocin patches 4% #10.

MTUS guidelines page 57 states, "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as Gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient has been on Lidoderm patches since 12/23/2013. There is no documentation of the area of treatment including functional improvement with use. Furthermore, Terocin patches are not indicated for non-neuropathic pain. The request is not medically necessary and appropriate.