

Case Number:	CM14-0113079		
Date Assigned:	08/01/2014	Date of Injury:	09/06/2009
Decision Date:	09/22/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 62-year-old female who reported an injury on 09/06/2009. The mechanism of injury was not stated. The current diagnoses include status post right total knee replacement, right knee bursitis, right ankle sprain, right ankle internal derangement, bilateral eye pain, compensatory low back pain, and lumbar disc disease. The injured worker was evaluated on 06/03/2014. Previous conservative treatment is noted to include medication management, physical therapy and home exercise. The injured worker underwent a right total knee replacement in 2012. The injured worker presented with complaints of 6/10 right knee pain and 6/10 right ankle pain. Physical examination revealed an altered gait, tenderness to palpation over the paralumbar muscles bilaterally, limited lumbar range of motion, positive Kemp's testing bilaterally, slightly limited right knee flexion, swelling in the right knee, tenderness to palpation over the ankle mortis joint, limited range of motion of the right ankle, swelling, and diminished strength in the right lower extremity. Treatment recommendations at that time included physical therapy twice per week for 2 weeks, a pain management consultation, x-rays of the lumbar spine, a podiatry consultation, a functional capacity evaluation, and prescriptions for a compounded cream, and tramadol 100 mg. A Request for Authorization form was then submitted on 06/03/2014 for a pain management consultation, a functional capacity evaluation, 2 compounded creams, and tramadol 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There is no mention of an attempt at conservative treatment for the lumbar spine. The injured worker is currently pending a short course of physical therapy and x-rays of the lumbar spine. The medical necessity for the requested consultation has not been established. As such, the request is not medically appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Fitness For Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The Official Disability Guidelines state a functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. The injured worker is currently pending a short course of physical therapy, x-rays of the lumbar spine, and specialty referrals. There is no indication that this injured worker is close to reaching or has reached maximum medical improvement. As such, the request is not medically appropriate.

TG Hot Topical Cream QTY 1: 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): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request is not medically appropriate.

FlurFlex Topical Cream QTY 1: 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): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Tramadol Qty1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to nonopioid analgesics. There is also no strength, frequency or quantity listed in the current request. As such, the request is not medically appropriate.