

Case Number:	CM14-0113501		
Date Assigned:	08/01/2014	Date of Injury:	02/25/2013
Decision Date:	09/24/2014	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, has a subspecialty in Pain Management and is licensed to practice in Texas, and Ohio. 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 25-year-old male who reported an injury on 02/25/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 06/11/2014 indicated diagnoses of cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, and thoracic disc displacement with myelopathy. The injured worker reported constant severe pain to the lumbar area described as throbbing, sharp, and tight aggravated by sitting, walking, standing and bending with numbness to the area, thoracic spine severe pain that was described as throbbing, sharp, and tight aggravated by walking, standing, and bending, with numbness to the area, cervical spine pain described as sharp and tight, made worse by turning, twisting, and movement reported with numbness to the area. Headaches, occasional, that were severe described as sharp, worse with activities that strained his back and feelings of depression and difficulty with sleeping. On physical examination of the cervical spine, the injured worker had tenderness with spasms to the bilateral paraspinal muscles from C4 to C7 and bilateral upper shoulder muscles. The injured worker's axial compression test was positive bilaterally for neurologic compromise, distraction test was positive bilaterally and shoulder depression test was positive bilaterally. The thoracic examination revealed +2 spasm and tenderness to the bilateral thoracic paraspinal muscle from T4 to T9. The lumbar examination revealed +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S1 and right sacroiliac joint with a positive Kemp's test bilaterally, and straight leg raise test that was positive on the right. The injured worker had a positive Braggard's test on the right and the right Achilles reflex was decreased. The injured worker's treatment plan included acupuncture. The injured worker's prior treatments included diagnostic imaging, acupuncture, and medication management. The injured worker's medication regimen was not provided within the documentation submitted. The

provider submitted request for acupuncture, Lidocaine/Gabapentin/Tramadol and Flurbiprofen/Cyclobenzaprine/Baclofen, and qualified functional capacity. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There is lack of clinical evidence indicating the injured worker had reduction in medication as a result of acupuncture. In addition, there is lack of documentation of efficacy and functional improvement with the use of the prior acupuncture. Moreover, the request does not indicate a site for the acupuncture or a timeframe for acupuncture. Therefore, the request for acupuncture is not medically necessary.

Lidocaine 6%, Gabapentin 10%, Tramadol 10% 180mg times 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, Lidocaine is only approved in the form of the dermal patch Lidoderm. Additionally, gabapentin is not recommended. A thorough search of

the FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The guidelines indicate any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, the request did not indicate a frequency or quantity for this medication. Therefore, the request is not medically necessary.

Fluribrofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180mg times 2 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. There is no peer-reviewed literature to support the use of topical Baclofen. In addition, there is no peer reviewed literature to support the use of topical baclofen. Moreover, Lidocaine is only approved in the form of the patch Lidoderm. Additionally, the request did not indicate a frequency or quantity. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.

Qualified Functional Capacity: 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), Fitness for Duty , Functional capacity evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Cornerstones of Disability Prevention and Management, pp. 89-92.

Decision rationale: The CA MTUS/ACOEM guidelines recognize the functional capacity exam/evaluation as a supported tool for assessing an injured worker's function and functional recovery. The CA MTUS guidelines state a FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The Official Disability Guidelines recommend a functional capacity evaluation (FCE) prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. The Official Disability Guidelines recommend a functional capacity evaluation (FCE) prior to admission to a Work Hardening (WH) Program, with preference for

assessments tailored to a specific task or job. Consider an FCE if the case management is hampered by complex issues such as: a prior unsuccessful return to work (RTW) attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. Timing is appropriate close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. There is lack of findings upon physical exam demonstrating significant functional deficit. In addition, there was lack of documentation of other treatments the injured worker underwent previously and the measures of progress as well as the efficacy of the prior treatments. Moreover, there was lack of documentation that the injured worker has failed an attempt at work to warrant a qualified Functional Capacity Evaluation at this time to determine restrictions. Moreover, the provider's rationale for the request was not provided within the documentation. Therefore, the request for qualified Functional Capacity Evaluation is not medically necessary.