

Case Number:	CM14-0130047		
Date Assigned:	08/20/2014	Date of Injury:	04/01/2013
Decision Date:	09/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/14/2014

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:

This is a 51 year-old female patient with a 4/1/2013 date of injury. The mechanism of injury was when the claimant was lifting a patient while working as a nursing assistant. On a progress report dated 6/16/14 the patient complains of substantial pain in the outside of the left leg. Physical examination reveals tenderness in the myofascial trigger points in the left peroneal muscles as well as the left gastro-soleus. Deep palpation causes reproduction of symptoms, twitch response, and radiation to the left ankle. The clinician recommends myofascial trigger point injections, ultrasound guidance, and myofascial trigger point injection into the left peroneal muscles with ultrasound guidance. On an exam note dated 7/8/14 the patient complains of severe pain in the lumbar spine at 8/10 on the VAS scale. She describes the pain as constant pain radiating proximally to her bilateral buttocks muscles, more prominent to the left leg, feet, and toes. The pain is associated with tingling, numbness, cramping, burning, throbbing, stabbing, electric-like pain, aching, dull and sharp pain, along with stiffness and locking of the left leg. The diagnostic impression is L4-5 disc herniation per MRI on 6/14/13, and clinical lumbar radiculopathy. Treatment to date: Physical therapy, ESIs, and medication management. A UR decision dated 4/14/2014 denied the requests for a functional capacity evaluation, Lidoderm patch 5% #30 with 1 refill, Zanaflex 4mg #90 with 1 refill, and Gabapentin 300mg #100 with 1 refill. The rationale for denial of a functional capacity evaluation was that CA MTUS and ACOEM states that a functional capacity evaluation should be considered when necessary to translate medical impairment into functional limitations and determine work capability. ODG guidelines state that functional capacity evaluations are supported to determine the suitability of a particular job or if there have been prior unsuccessful attempts at a return to work. In this case, there is no evidence of consideration of a new job or difficulty with attempts at returning to work. The rationale for denial of Lidoderm 5% patches #30 was that CA MTUS guidelines state

that topical analgesics are primarily recommended for neuropathic pain after first-line oral antidepressants and anticonvulsants have been tried and failed. There was no documentation of any of these trials or failures. The rationale for the denial of Zanaflex 4mg #90 was that CA MTUS guidelines support the use of muscle relaxants second-line as a short-term option for acute exacerbations in patients with chronic low back pain. There was no documentation of exacerbation of low back pain or muscle spasm on the most recent report. The rationale for denial of Gabapentin 300mg #100 was that CA MTUS guidelines recommend this medication for neuropathic pain. The guidelines are requiring documentation of measurable subjective and/or functional benefit with medication documentation of benefit in the reports.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Procedure Summary (last updated 05/12/2010): Guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics: ACOEM Chapter 7 Independent medical examinations and consultations pages 132-139 Page(s): 132-139.

Decision rationale: CA MTUS 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 on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (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, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. There is no evidence in the reports of this patients' consideration of a new job or of having difficulty with attempts at returning to work. Furthermore, there is no evidence that the patient is restricted to a particular activity. Without detailed functional limitations or described difficulty in performing work related tasks in the medical reports the evaluation cannot be supported. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

Lidoderm Patch 5% #30 with 1 refill: 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): 56-57.

Decision rationale: CA MTUS states that topical Lidocaine 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. CA MTUS guidelines state that topical analgesics are largely experimental with few controlled randomized trials to determine efficacy or safety. Lidoderm is a topical formulation of Lidocaine, a topical analgesic. It is primarily recommended for neuropathic pain after trials of first-line oral agents have failed. This patient has complaints of pain and some clinical deficits, but there is no documentation of any oral first-line failures. Therefore, the request for Lidoderm Patch 5% #30 with 1 refill is not medically necessary.

Zanaflex 4mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex - muscle relaxants (for pain) (Chou, 2007) (Mens, 2005) (Van Tulder, 1998).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has chronic back pain. However, there is no documentation of any acute exacerbation of pain or any muscle spasms in the most current report. Therefore, the request for Zanaflex 4mg #90 with 1 refill is not medically necessary.

Gabapentin 300mg #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Anti-epilepsy drugs (AEDs) or anti-convulsants: (Gilron, 2006) (Wolfe, 2004) (Wiffen-Cochrane, 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs; Gabapentin Page(s): 16-18, 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gabapentin is recommended for neuropathic pain or pain due to nerve damage. The patient complains of pain in the lumbar spine. The guidelines also require a documentation of ongoing efficacy with measurable subjective and functional benefits. There was no evidence of or

description of these benefits in the reports. Therefore, the request for Gabapentin 300mg #100 with 1 refill is not medically necessary.