

Case Number:	CM14-0134110		
Date Assigned:	08/25/2014	Date of Injury:	05/24/2013
Decision Date:	09/26/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 40-year-old who reported a cumulative trauma from February 1, 2010 through May 24, 2013. Office visit on June 2, 2014 notes the claimant has intermittent low back pain with radiation to bilateral feet. On exam, he has decreased range of motion, TTP, positive SLR bilaterally, muscle spasms. The claimant's medications include Methoderm, cyclobenzaprine, Naproxen, Omeprazole. The claimant has been treated with medications, acupuncture and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity evaluation (FCE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - functional improvement measures.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that functional improvement measures for chronic pain is used to consider return to normal quality of life. The importance of an assessment is to have a measure that can be used repeatedly over the

course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. Medical Records reflect that this claimant has been returned to work with restrictions. Examination on 7-30-24 notes the claimant has been doing better. On exam, he has tenderness about his right ankle. X-rays shows that the fracture is healing. It is noted the claimant is doing well and is now approaching MMI. There is an absence in documentation noting that there needs to be an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The claimant has been returned to work with restrictions. Therefore, the request for an FCE Is not medically necessary or appropriate.

Chromatography, provided on June 2, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING USE OF OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter UDS.

Decision rationale: Chronic Pain medical treatment guidelines reflect that UDS are indicated for ongoing management of opioids. ODG notes that Confirmatory Testing: Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. There is an absence in documentation noting that this claimant required a confirmatory test for the medications he was provided, which included Cyclobenzaprine, Naproxen and Omeprazole. The claimant is not on opioids and there was no indication for performing chromatography on June 2, 2014. Therefore, the request for Chromatography, provided on June 2, 2014, is not medically necessary or appropriate.

Menthoderm gel 360gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate the oral medications that are being prescribed. Therefore, the medical necessity of this request was not established.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate the oral medications that are being prescribed. Therefore, the request for Menthoderm gel, 360 grams, is not medically necessary or appropriate.

Cyclobenzaprine 5 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. Documentation of functional improvement with this medication is not provided, documenting the chronic need for ongoing use of a muscle relaxant. Therefore, the request for Cyclobenzaprine 5 mg, ninety count, is not medically necessary or appropriate.