

Case Number:	CM14-0155917		
Date Assigned:	09/25/2014	Date of Injury:	02/27/1989
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old male with a date of injury of 2/27/89. The diagnosis includes cervical and lumbar disc protrusion, and lumbar spine radiculitis. Under consideration is a prospective request for one urinalysis for toxicology, one functional capacity evaluation, one prescription for 120gm Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1%, and one prescription for 120gm Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%. A 9/26/14 handwritten progress note states that the patient has 6/10 cervical spine pain and 7/10 lumbar spine pain. The patient is looking for a replacement TENS. The exam revealed decreased cervical and lumbar decreased range of motion. The plan includes urine toxicology and med refill. Per documentation a progress note dated 8/26/14 states that the patient complained of cervical spine and lumbar spine pain. The lumbar pain is sharp and constant, and rated 8/10. Physical examination noted tenderness of the cervical and lumbar paraspinals, quadratus lumborum, gluteals and sacroiliac joints. There was also tenderness of the spinous processes of cervical and lumbar areas. Rotation was limited in the cervical spine and there was weakness of the right lower extremity. An 8/28/14 urine comprehensive panel states that there are no prescribed medications. The documentation indicates the patient is permanent and stationary and retired. There is a 1/22/14 document revealing scripts for Norco; Cyclobenzaprine and Prilosec. The Norco prescription is written as Norco 10/325mg one p.o. q6-q8 prn pain with 120 units prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Camphor 10/0.25%/2%/1% - 120gm: Upheld

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

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

Decision rationale: Flurbiprofen/Capsaicin/Camphor 10/0.25%/2%/1% - 120gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that there is little evidence to support the use of topical NSAIDS (flurbiprofen is an NSAID) for the treatment of osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use of Cyclobenzaprine (a muscle relaxant). The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the documentation does not indicate that patient is intolerant to oral medications. The request for Flurbiprofen/Capsaicin/Camphor 10/0.25%/2%/1% - 120gm is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% - 120gm: Upheld

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

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

Decision rationale: Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% - 120gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the Chronic Pain Medical Treatment Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The request for this ointment is not medically necessary for the following reasons. Ketoprofen is an NSAID (non steroidal anti-inflammatory) which is not FDA approved for topical application. The MTUS Chronic Pain Medical Treatment guidelines state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDS are primarily indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder and no evidence to support use in neuropathic pain. Topical ointments containing Lidocaine are not recommended by the MTUS. The MTUS does not support the topical muscle relaxant Cyclobenzaprine. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate that the patient is intolerant to oral medications. The guidelines do not support topical Cyclobenzaprine or Lidocaine in this

compound therefore the entire request Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% - 120gm is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional Capacity Evaluation

Decision rationale: One functional capacity evaluation is medically necessary. The MTUS ACOEM guidelines state that determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. Additionally, the ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. The ODG states that an FCE can be considered the patient is at MMI and injuries that require detailed exploration of a worker's abilities. The documentation submitted is not clear on why a functional capacity evaluation is necessary. The documentation indicates that the patient is retired. Without clear indication of why a FCE is required the request for one functional capacity evaluation is not medically necessary.