MAXIMUS Federal Services

Case Number:	CM14-0167939		
Date Assigned:	10/15/2014	Date of Injury:	04/29/2014
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal Medicine and is licensed to practice in Louisiana. 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 41-year-old female who reported an injury on 04/29/2014. The mechanism of injury was noted as constantly lifting arms above shoulder level. Her diagnoses were noted to include cervical spine strain and sprain with radiculopathy to the bilateral lower extremities, thoracic spine strain and sprain, bilateral shoulder impingement, right and left elbow medial and lateral epicondylitis, lumbar spine strain and sprain with mild left sciatica, and bilateral knee strain and sprain. Her past treatments were noted to include acupuncture, 12 sessions of physical therapy, medications, chiropractic treatment, and wrist braces. Pertinent diagnostic studies were noted to include an MRI, CT scans, and an EMG/ NCV. Pertinent surgical history was not provided in the documentation submitted for review. On 09/18/2014, the injured worker complained of pain to her cervical spine rated 7/10 radiating to her bilateral upper extremity and thoracic and lumbar spine pain rated 7/10 with pain radiating to her bilateral lower extremity. The injured worker complained of bilateral shoulder pain rated 8/10, with popping and clicking, pain to her bilateral elbows rated 5/10, and bilateral wrist pain rated 8/10. The injured worker stated her job duties consisted of standing, reaching, working above shoulder level, constantly using upper extremity and lifting 15 pounds. Her motor strength was decreased to manual testing in the bilateral wrist flexors and bilateral finger flexors at 5-/5. Her motor strength was otherwise noted intact to both upper extremities. The injured worker had pain on resisted dorsiflexion of the left wrist with the elbow in full extension. Her motor strength was noted to be normal and symmetrical in all major muscle groups of the lower extremities. Her medication regimen included Tramadol, Prilosec, and gaba/keto/lido cream. The treatment plan was noted to include continuation of chiropractic therapy 3 times a week for 4 weeks of the cervical spine, thoracic spine and lumbar spine. The requesting physician also recommended a Functional Capacity Evaluation, continuation of medications and for the injured worker to start

using an interferential unit. The rationale for the requests submitted was not included in the documentation submitted for review. A Request for Authorization dated 09/23/2014 was submitted within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (functional capacity evaluation): Overturned

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): 89-92.

Decision rationale: The request for a Functional Capacity Evaluation (FCE) is medically necessary. The injured worker complained of persistent pain of the cervical, thoracic and lumbar spine, bilateral shoulders, bilateral elbows, bilateral wrists and knees. Her medications include Tramadol, Prilosec and gaba/keto/lido cream. The California MTUS/ACOEM Guidelines state Functional Capacity Evaluation is the first step in managing delayed recovery to document the injured worker's current state of functional ability, including activities of daily living. As a starting point for the assessment obtain a complete history for the injured worker and other objective observes, including the employer, onsite occupational health profession, with regard to abilities and effectiveness at work. Goals for functional recovery can then be framed with references to the baseline. Functional assessment tools, such as functional capacity exams, can be used to assess general functioning or test work-related functioning. The documentation submitted for review states the injured worker is currently wearing bilateral wrist braces and is considered fully disabled until further notice. The physical examination findings show impairments with range of motion. The documentation submitted states the injured worker is a machine operator/assembly worker whose job duties consist of standing, reaching, working above shoulder level and constantly using upper extremities. The injured worker noted that her maximum amount lifted during her job performance was 15 pounds. Based on this information, a functional capacity examination would be supported to test work-related functioning. As such, the request is medically necessary.

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

Decision rationale: The request for Tramadol 50 mg #60 is medically necessary. The documentation showed the injured worker stated acupuncture and physical therapy, along with medications were helping her with her pain. The California MTUS guidelines state central

analgesics drugs, such as Tramadol (Ultram), are reported to be effective in managing neuropathic pain. The documentation submitted indicates the injured worker was experiencing night time pain and radicular symptoms. She reported her medications were helping her pain and improving her function. The guidelines state drugs, such as Tramadol, are effective in managing neuropathic pain. Therefore, this request is medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69-70.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. According to the California MTUS Guidelines proton pump inhibitors (PPI) may be appropriate as an adjunct to non-steroidal anti-inflammatory drugs (NSAIDs) therapy for patients with significant risk factors for gastrointestinal (GI) events or those with complaints of dyspepsia secondary to NSAID use. The documentation submitted for review noted that the injured worker did have a history of peptic ulcers. The documentation also noted that the injured worker was taking ibuprofen 800 mg. As ibuprofen has been discontinued and the injured worker is not prescribed any NSAID medications, Prilosec would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Gaba Keto Lido Cream: Upheld

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

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

Decision rationale: The request for Gaba Keto Lido Cream is not medically necessary. The documentation provided noted the injured worker was previously prescribed ibuprofen and Tramadol. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized trials and are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. The guidelines state gabapentin is not recommended for topical application as there is no peer reviewed literature to support use. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker was noted to have neuropathic pain. However, there was lack of documentation providing evidence of a failed trial of antidepressants and anticonvulsants. Additionally, the guidelines do not recommend gabapentin and Lidocaine in cream form for

topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the frequency and site of application are not included in the request. As such, the request is not medically necessary.