

Case Number:	CM14-0041269		
Date Assigned:	07/07/2014	Date of Injury:	04/12/2013
Decision Date:	09/09/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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:

Per the records provided, the diagnoses were lumbar and cervical disc displacement, lumbago, lumbar and neck sprain. Out of the review, there was a certification of the Norco 10/325 mg # 70, 2-11-14 to 4-11-14. This was a modified certification, because there was no objective benefit documented. There was also a request for 12 sessions of acupuncture, but just 6 were approved. There were non-certifications for an initial functional capacity evaluation, outpatient NCV/EMG of the lower extremities, pharmacy purchase of a compound medicine, and Flector patch 1.3% #60. The patient was described as a 51 year old female injured April 12, 2013. There was cervical and lumbar strain helping a client. There has been physical therapy, medicine and diagnostic testing. The note from February 10 was largely illegible. There was neck and lumbar pain. There was a positive straight leg raising (SLR) on the left. The notes provided were only forms with check boxes, documenting pain. There was neck stiffness and subjective symptoms. No physical exam was documented, but then treatments were also checked off. The date was 3-28-14. An MRI of the cervical spine from 3-6-14 showed non-specific straightening, degenerative changes and degenerative disc bulge. Compromise of the C4-5 exiting nerve root, the C5-6 nerve roots were seen, but no overt disc herniation was noted. Several more exam forms were provided; they were largely illegible. There was a February 10, 2014 WorkMed note by Dr. [REDACTED]. Her symptoms began in 2011 in the capacity of a caretaker. She had low back pain helping a client. There was continued neck and back pain. There was a cervical and lumbar strain. The patient was prescribed Norco, Flector, Naproxen, Pantoprazole, compounded cream. Exam showed a decreased L5 extensor hallucis longus of the right foot dorsum. There was a narcotic risk test done. The functional capacity evaluation (FCE) prescription was from 2-10-14. There was a 12-4-13 request for epidural steroid injection (ESI). The doctor noted degenerative low spine disease, spondylosis, and spondylolisthesis. There was a November 19, 2013 [REDACTED].

█ note. She had back and lower extremity pain. Physical therapy was not helpful. The neurologist noted she had axial and low extremity pain. She has S1 radiculopathy by reduced Achilles reflex. L5-S1 disc protrusion is not causing nerve progression. Facet arthropathy is the most likely source of the pain. The ESI would be to treat the radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient initial functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluations.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, page 48, note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes 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. Little is known about the reliability and validity of these tests and more research is needed. Therefore, the value of the test in this case is not clear. The ODG finally notes that several criteria be met to consider an FCE. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near temporally to a Maximal Medical Improvement declaration. Moreover, initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request for outpatient initial functional capacity evaluation is not medically necessary.

Nerve Conduction Velocity (NCV): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request for nerve conduction velocity (NVC) is not medically necessary.

Electromyogram (EMG): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As shared previously, the MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request for electromyogram is not medically necessary.

Capsaicin 0.0375% Menthol 10% Camphor 2.5% Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Compound Topical Analgesic Creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request for Capsaicin 0.0375% Menthol 10% Camphor 2.5% Tramadol 20% is not medically necessary.

Flector Patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Topical Anti-Inflammatory Patch.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Flector patch.

Decision rationale: The ODG notes that this patch is not a first-line treatment. It is not clear what other agents had been exhausted before moving to this patch. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007), not for chronic issues. The significant side effects noted in the 12/07/09 the FDA warnings, are not addressed in this case. It is not clear this risk has been addressed in this case with measurements of transaminases periodically in patients receiving long-term therapy with diclofenac. Also, the benefit of topical NSAIDS is good for about two weeks, and studies are silent on longer term usage, therefore a long term usage as in this case is not supported. There simply is no data that substantiate Flector efficacy beyond two weeks. This request was appropriately non-certified.

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Opiate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: The reviewer modified the request for the Norco to a lesser amount. In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage, Norco 10/325 #90 is not medically necessary per MTUS guideline review.

Acupuncture to the Lumbar Spine; two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines note the frequency and duration of acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This however was a request for 12 sessions. Therefore, the request for 12 sessions of acupuncture to the lumbar spine is not medically necessary.