

Case Number:	CM14-0043509		
Date Assigned:	08/08/2014	Date of Injury:	09/30/2013
Decision Date:	09/22/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/10/2014

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:

The patient is a 54-year-old female who has submitted a claim for neck sprain associated with an industrial injury date of September 30, 2013. Medical records from 2014 were reviewed. The patient complained of neck pain, back pain, bilateral upper extremity pain, psychiatric complaints and sleeping problems. Physical examination revealed that the cervical spine was tender to palpation with spasm, decreased range of motion and positive compression test. The thoracic spine was also tender with palpation with spasm and with trigger points in bilateral thoracic regions. There is also noted decreased thoracic range of motion. The examination of the lumbar spine revealed tenderness and spasm. Decreased range of motion was also noted. There is positive supraspinatus test bilaterally and positive right Neer impingement test. Elbow tenderness was also noted as well as a positive Cozen's test. Tinel's positive bilaterally. Decreased DTR on upper extremities (1+/2) were also noted. Decreased motor strength on lower extremities and decreased sensation noted on the right anterior knee. Treatment to date has included physical therapy and chiropractic therapy. Utilization review, dated April 5, 2014, denied the request Interferential Unit because there was no evidence of failure of other conservative measures of treatment. The same review denied the request for functional capacity evaluation because it not appropriate for the patient at this time. A request for Omeprazole 20mg Qty 60 was also denied because the criteria for treatment with a proton pump inhibitor was not met. A request for Terocin patches (Menthol 4% / Lidocaine4%) was also denied because there is no evidence based guidelines to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139; Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, the treating physician may order functional capacity evaluations (FCEs) if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, the patient is not fit for work at this time. Patient currently has been prescribed to additional chiropractic treatments, medical, and physical therapy. A formal functional capacity evaluation was requested to determine the current and future appropriateness of the required job duties for the employee, in preparation for a permanent and stationary evaluation. However, there was no documentation of failed return to work attempts, as subjective and objective findings do not indicate that the patient is close to maximum medical improvement. The patient does not meet the criteria for functional capacity evaluation as recommended by the guidelines. Therefore, the request for functional capacity evaluation is not medically necessary.

Interferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, patient has persistent neck, back and

bilateral upper extremity pain. However, there is no documentation regarding failure of pain medications or inability to perform physical therapy/home exercise programs. Furthermore, the present request as submitted failed to specify whether approval for the interferential unit was for rental or purchase, as well as the length or duration of its use. Therefore, the request for Interferential Unit is not medically necessary.

Omeprazole 20mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient denied use of oral medications. The patient has had no gastrointestinal-related complaints. There is no risk factor present to meet the criteria set by the guidelines. Therefore, the request for Omeprazole 20mg Qty 60 is not medically necessary.

Terocin patches (menthol 4% / Lidocaine4%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical salicylates.

Decision rationale: Terocin patch contains lidocaine and menthol. As stated on pages 56 to 57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as gabapentin or Lyrica). Regarding the menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. In this case, the documentation failed to mention if the patient and when treatment with Terocin patch began utilize Terocin patch. Currently, patient complains of neck pain, back pain and bilateral upper extremity pain. However, the medical records submitted did not show evidence of trial of first-line anti-depressants or anti-epileptics drugs. Therefore, the request for Terocin patches (Menthol 4% / Lidocaine4%) is not medically necessary.