

Case Number:	CM14-0046026		
Date Assigned:	07/02/2014	Date of Injury:	10/07/2013
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker is a 45-year-old female who reported a jamming injury to her left great toe on 10/07/2013. X-rays revealed no acute fracture and no significant soft tissue abnormality. Her diagnosis was left great toe contusion. There were no red flags evidenced. She was prescribed Tylenol # 3, an ice pack, and a nonpneumatic walking boot. In the followup visit on 11/14/2013, she rated her pain at 0/10 and described the pain as intermittent and nonradiating. The pain was aggravated by prolonged weight bearing and walking and relieved by rest. There is a note stating that she was receiving chiropractic treatments but there was no documentation of the dates, number of treatments, pain relief, or functional benefit from the chiropractic. On 02/04/2014, her diagnoses included lower back pain, left great toe pain status post contusion, history of diabetes mellitus, and history of kidney disease. She stated that her back pain was the result of wearing a boot and using crutches. There was no rationale or request for authorization included in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbar spine (flexion/extension): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for X-rays of the lumbar spine (flexion/extension) is not medically necessary. ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion including false positive test results, because of the possibility of identifying a finding that was present before symptoms began and therefore, has no temporal association with the symptoms. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Because the overall false positive rate is 30% for imaging studies in patients over the age of 30 who do not have symptoms, the risk of diagnostic confusion is great. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. There was no documentation or medical rationale supporting the request for x-rays of the lumbar spine nor were there any red flags identified. There was no record of trauma to the lumbar spine. Therefore, the request for X-rays of the lumbar spine (flexion/extension) is not medically necessary.

Fluribprofen / Tramadol/ Cyclobenzaprine 20/20/4% cream QTY: 210g apply to affected area as directed twice to thrice per day: 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 Fluribprofen/Tramadol/ Cyclobenzaprine 20/20/4% cream QTY: 210g apply to affected area as directed twice to thrice per day is not medically necessary. California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded including NSAIDs, opioids, and muscle relaxants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac) which is indicated for relief of osteoarthritis pain. Flurbiprofen is not an FDA approved NSAID for topical application. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxants as a topical product. Additionally, the body part(s) which the cream was to have been applied to were not specified. Therefore, the request for Fluribprofen / Tramadol/ Cyclobenzaprine 20/20/4% cream QTY: 210g apply to affected area as directed twice to thrice per day is not medically necessary.

Amitriptyline/ Dextromethorphan/ Gabapentin (CMC) cream QTY: 21g apply to affected area as directed twice to thrice per day: 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 Amitriptyline/ Dextromethorphan/ Gabapentin (CMC) cream QTY: 21g apply to affected area as directed twice to thrice per day is not medically necessary. California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded including antidepressants, anticonvulsants and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer reviewed literature to support its use. Additionally, the body parts which the cream was to have been applied to were not specified. Therefore, the request for Amitriptyline/ Dextromethorphan/ Gabapentin (CMC) cream QTY: 21g apply to affected area as directed twice to thrice per day is not medically necessary.

Laboratory service: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthinfo/hw4260.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

Decision rationale: The request for CBC is not medically necessary. Per labtestsonline.org, a complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. No rationale or justification in the submitted documents linked her left great toe pain or lower back pain to a decline in this worker's general health status. Therefore, the request for a CBC is not medically necessary.

Laboratory service: CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestsonline.org/understanding/analytes/cmp/glance.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation labtestsonline.org.

Decision rationale: The request for CMP is not medically necessary. Per labtestsonline.org, a comprehensive metabolic panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. Although

this injured worker does have a diagnosis and a history of diabetes mellitus, there is no documentation or rationale linking an exacerbation of her diabetes to left great toe pain or lower back pain. If this worker was being treated for her diabetes, she would have been followed by and had lab tests with her primary care physician. Therefore, this request for CMP is not medically necessary.

Functional capacity evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Flexibility and Forearm, Wrist, & Hand, Computerized muscle testing.

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The Official Disability Guidelines do not recommend flexibility and/or computerized muscle testing. The relationship between lumbar range of motion measures and functional ability is weak or nonexistent. There are no studies to support computerized strength testing of the extremities. There are no quantifiable data submitted of functional limitations for this worker due to her left great toe pain or low back pain. Additionally, she has returned to work with some limitations including no lifting more than 15 pounds, no prolonged standing or walking, and an ergonomic environment. Lastly, the clinical information submitted failed to meet the evidence based guidelines for Functional Capacity Evaluation and it is therefore, not medically necessary.