

Case Number:	CM14-0051873		
Date Assigned:	09/10/2014	Date of Injury:	10/21/2004
Decision Date:	10/14/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Emergency 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:

Patient with reported date of injury on 10/21/2004. No mechanism of injury was provided for review. Listed diagnoses are Cervical spine with radiculopathy, disc desiccation, degenerative joint disease and spondylosis C4-C6, neuroforaminal stenosis per MRI 11/22/11; Stress, anxiety, depression; Hypertension; Headaches and sleep difficulty. Medical report reviewed. Only a single report was sent for review which is dated 2/20/13. More recent or more progress notes were not provided for review. Report states that patient has neck pain radiating to head causing headaches. Also complains of stress, anxiety, depression, and hypertension and sleep difficulty. Objective exam only documents No significant difference. Decreased range of motion of cervical spine and pain with extension. Tenderness to L upper trapezius. Request for authorization is dated 3/7/14. No justification for services were sent except for excerpts from MTUS. No medication list was provided for review. There was no imaging for provided for review. Independent Medical Review is for Initial "Psych Evaluation, re-evaluation and/or treatment, if necessary", Functional Capacity Evaluation, Physiotherapy 12 sessions, Acupuncture 6 visits, Flurbiprofen/Cyclobenzaprine #240g, Capsaicin/Flurbiprofen/Tramadol/ Menthol/Camphor #240g and "Voltage actuated sensory nerve conduction". Prior UR on 4/4/14 recommended non-certification for all of these requests due to lack of progress notes or summary provided for review despite attempts to contact provider for information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial psych evaluation, re-evaluation, and/or treatment, if necessary: 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 Psychological evaluations Page(s): 100-101.

Decision rationale: It is not know if "psych" refers to a psychiatrist or psychologist. It is assumed this request is for a psychological evaluation. As per MTUS Chronic pain guidelines, psychological evaluation is recommended for patient's with chronic pain where assessment for etiology for pain or barriers to pain improvement. However, no proper progress note or rationale was provided for review. The prescription is also inappropriate since it is an open ended request with unlimited request for treatment. Due to lack of information and incomplete request, Psych Evaluation, Re-Evaluation And/or Treatment is not medically necessary.

Functional capacity evaluation (FCE): 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 rationale: As per ACOEM guidelines, determining limitations of work "is not really a medical issue" and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, pg 12; "there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries." While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. The request for Functional Capacity Evaluation is not medically necessary.

Physiotherapy; twelve (12) sessions (2 times 6): 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 Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. However, the lack rationale, no information on what is being treated or end goal of PT does not support the request. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. The request for Physiotherapy is not medically necessary.

Acupuncture; six (6) visits (1 times 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There is no documentation of what is being treated with requested acupuncture. There is no record of prior acupuncture sessions, attempts or response. The lack of proper documentation does not support acupuncture. The request for Acupuncture is not medically necessary.

Flurbiprofen 25%, cyclobenzaprine 2% 240gm: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. Pt has spinal neck and therefore does not meet indication for use. There is no documentation to support where this topical compound is to be used therefore it is not recommended. 2) Cyclobenzaprine: Not recommended for topical application. Both components are not recommended therefore; this compound (Flurbiprofen 25%, Cyclobenzaprine 2% 240gm) is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. Patient is unknown medication. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. Pt has spinal neck and therefore does not meet indication for use. Patient has another cream prescribed with flurbiprofen increasing risk for overdose. There is no documentation to support where this topical compound is to be used therefore it is not recommended. 3) Tramadol is not

FDA approved for topical use. There is no evidence for efficacy as a topical product.

4)Menthol/Camphor: Are non active fillers that may have some topical soothing properties.All requested components are not recommended therefore; this compound (Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm) is not medically necessary.

Voltage actuated sensory nerve conduction: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Neck and Upper back>, <Current perception threshold(CPT) Testing>

Decision rationale: Voltage actuated sensory nerve conduction also known as Voltage-nerve conduction threshold(v-NCT) is a type of Current Perception threshold(CPT) testing. MTUS Chronic pain and ACOEM guidelines do not have any sections that deal with this topic. As per Official Disability Guidelines(ODG), CPT is not recommended due to failure of studies to demonstrate improvement in management or clinical outcome. Evidence is conflicting and there is insufficient evidence to support its use. Voltage actuated sensory nerve conduction is not medically necessary.