MAXIMUS Federal Services

Case Number:	CM14-0059138		
Date Assigned:	09/10/2014	Date of Injury:	04/05/2007
Decision Date:	10/14/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, shoulder pain, low back pain, and hypertension reportedly associated with an industrial injury of April 5, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of acupuncture; transfer of care to and from various providers in various specialties; topical compounds; and extensive periods of time off of work.In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for several topical compounds and cardiopulmonary function testing. The applicant's attorney subsequently appealed. In a March 6, 2014 progress note, somewhat sparse, the applicant was given diagnoses of chronic neck pain status post cervical spine surgery, chronic low back pain, and hypertension. The applicant's blood pressure, however, was not recorded. Painful range of motion was noted about multiple body parts. Physical therapy, manipulative therapy, acupuncture, a podiatry consultation, an orthopedic consultation, a SudoScan test for small-fiber neuropathy/autonomous nervous system testing were sought. In an earlier note dated February 6, 2014, the applicant was again placed off of work, on total temporary disability. Functional Capacity Testing, a SudoScan, MRI imaging of the lumbar spine, and cardiorespiratory testing were sought. Electrodiagnostic testing of June 25, 2013 was notable for a chronic L5 radiculopathy, a suspected right L4 radiculopathy, a chronic C7 radiculopathy, moderate-to-marked carpal tunnel syndrome bilaterally, and a severe axonal polyneuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: 240gm Capsacin 0.25% Flubiprofen 20% Tramadol 15% Menthol 2 % Camphor 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377,Chronic Pain Treatment Guidelines Topical Capsaicin topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to and/or are intolerant of other treatments. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of the capsaicin-containing topical compound. Therefore, the request is not medically necessary.

Compound: 240gm Flubiprofen 15% Cyclobenzaprine 02% Tramadol/LCarnitine 10/125mg #90: 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 111-113 Page(s): 111-113.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, one of the ingredients in the compound at issue, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Cardio Respiratory Diagnostic Testing: 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 Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS does not address the topic. The request, furthermore, is imprecise. While the review article entitled Applications of Cardiopulmonary Exercise Testing in the Management of Cardiovascular and Pulmonary Disease does acknowledge that cardiopulmonary exercise testing can supplement other clinical and exercise testing information when precision is important and/or when an applicant has mixed symptoms of dyspnea and/or chest pain, in this case, however, the applicant appears to be asymptomatic. It does not appear that the applicant in fact has any active cardiac symptoms such as chest pain, exertional dyspnea, orthopnea, etc. No rationale for pursuit of the cardiorespiratory diagnostic testing was proffered by the attending provider so as to augment the article information. The attending provider's documentation was sparse and contained very little in the way of narrative commentary. Therefore, the request is not medically necessary.

Pulmonary and Respiratory Diagnostic testing: 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 Other Medical Treatment Guideline or Medical Evidence, Pulmonary Function Testing

Decision rationale: The request, as with the preceding request, is imprecise. The MTUS does not address the topic. While Medscape acknowledges that spirometry/pulmonary function testing are used to establish baseline lung function, evaluate dyspnea, detect pulmonary disease, monitor effects of therapy used to treat respiratory disease, evaluate respiratory impairment, evaluate operative risk, and/or perform surveillance for occupational diseases, in this case, however, it was not stated for what purpose the pulmonary function testing at issue was being performed. The applicant did not appear to have any active symptoms of dyspnea, wheezing, coughing, shortness of breath, etc., which would compel the testing at issue, nor did the applicant have any established history of occupational lung disease, interstitial fibrosis, asthma, etc., for which surveillance or followup pulmonary function testing would be indicated. Again, the attending provider's documentation was sparse and did not contain much in the way of rationale for the requested item. Therefore, the request is not medically necessary.

Sudoscan test: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, electrical studies such as the SudoScan/nerve conduction testing at issue here are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, the applicant is a known diabetic who apparently was given diagnoses of severe axonal polyneuropathy, right L4 radiculopathy, chronic L5 radiculopathy, chronic C7 radiculopathy, and moderate-to-marked carpal tunnel syndrome, bilateral, on earlier electrodiagnostic testing of June 25, 2013. It is unclear what role the SudoScan test in question would serve as the applicant already has an established diagnosis of generalized peripheral neuropathy secondary to diabetes mellitus. Therefore, the request is not medically necessary.