MAXIMUS Federal Services

Case Number:	CM14-0070062		
Date Assigned:	08/13/2014	Date of Injury:	12/31/2013
Decision Date:	09/11/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal 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 an injured worker with the diagnoses of lumbar spondylosis with myelopathy, partial tear of rotator cuff tendon of the right shoulder, medial epicondylitis of the left elbow, lateral epicondylitis of the left elbow, thoracic sprain strain. Date of injury was 12/31/13. Regarding the mechanism of injury, the low back injury occurred while trying to prevent herself from falling. Initial evaluation report PR-1 dated 02/19/14 indicates that the patient sustained injury while carrying a tray full of plates and slipped on an object with the right foot. It is noted that the patient developed pain in the right shoulder and left elbow sometime in 01/2014. The pain was attributed to repetitive use of arms when cleaning, cooking, and lifting heavy trash bags and the injury on 12/31/13. The patient participated in 6 conservative therapy sessions. The patient reports constant severe aching pain in the thoracic spine aggravated by prolonged standing and prolonged sitting; severe sharp pain in the lumbar spine aggravated by bending forward at the waist, prolonged walking, and prolonged standing; constant moderate to severe aching pain in the right shoulder which is aggravated by overuse and raising of the arm; and constant severe sharp pain in the left elbow which is aggravated by lifting and overuse. There was a pain that radiated into the left lower extremity. The patient felt tingling at the bottom of the feet. It is noted that the patient is able to barely perform standing and walking. The patient is also able to perform sitting for prolonged periods of time, washing dishes, and cooking however, causes pain. Thoracic spine examination reveals spasm and tenderness in the bilateral paraspinal muscles from T8 to T12. Lumbar spine examination reveals spasm and tenderness in the bilateral paraspinal muscles from L1 to S1 and multifidus. There was a trigger point to the left piriformis muscle. Lumbar spine range of motion through left rotation is 15/30 degrees and right rotation is 20/30 degrees with noted pain in all planes. The patient demonstrates positive Kemp's test bilaterally, positive straight leg raise test on the left, and positive Yeoman's bilaterally. The left

patellar reflex was decreased. Shoulder examination reveals spasm and tenderness in the right upper shoulder muscles and right rotator cuff muscles. Shoulder range of motion through flexion is 125/180 degrees, extension is 25/45 degrees, abduction is 140/180 degrees, adduction is 25/45 degrees, external rotation is 65/90 degrees, and internal rotation is 40/90 degrees. There is noted pain in all planes of shoulder range of motion. The patient demonstrates positive right Speed's test and positive right supraspinatus test. Elbow examination shows spasm and tenderness in the left lateral and medial epicondyles. Elbow flexion is 130/140 degrees; supination is 60/90 degrees with noted pain, and pronation 35/90 degrees with noted pain. The patient demonstrates positive left Cozen's test and positive left reverse Cozen's test. It is noted that the patient was placed on total temporary disability status until 04/19/14. The patient was determined to be in the acute state of treatment. Treatment plan recommendations included 6 visits of physical medicine, prescription of medications, recommendation of multiinterferential stimulator for one month rental, and lumbosacral orthosis. A program of physical medicine for 6 visits was recommended. Primary treating physician's progress report (PR-2) dated 4/9/2014 documented subjective complaints of thoracic spine pain, lumbar spine pain, right shoulder pain, upper back pain, left elbow pain. Objective findings were documented. There was spasm and tenderness to the bilateral paraspinal muscles from T8 to T12. Thoracic range of motion was measured by an external goniometer or digital protractor. There was spasm and tenderness to the bilateral lumbar paraspinal muscles from LI to S1. There was a trigger point to the left piriformis muscle. Lumbar range of motion was measured by an external goniometer or digital protractor. Kemp's test was positive bilaterally. The straight leg raise test was positive on the left. Braggard's was negative. Yeoman's was positive bilaterally. The left patellar reflex was decreased. The right patellar reflex was decreased. The right Achilles reflex was decreased. There was spasm and tenderness to the right upper shoulder muscles and right rotator cuff muscles. Shoulder range of motion was measured by an external goniometer or digital protractor. Speeds test was positive on the right. Supraspinatus test was positive on the right. The neurological examination of the bilateral upper extremities were within normal limits bilaterally for deep tendon reflexes, dermatomes and myotomes. There was spasm and tenderness to the left lateral and medial epicondyles. Elbow range of motion was measured by an external goniometer or digital protractor. Cozen's test was positive on the left. Reverse Cozen's test was positive on the left. Diagnostic impressions were lumbar spondylosis with myelopathy, partial tear of rotator cuff tendon of the right shoulder, lateral epicondylitis of the left elbow, thoracic sprain strain. Patient has not reached a plateau in her recovery. Patient has completed 7 sessions since the last request for physical medicine. Treatment plan included physical medicine, MRI of the lumbar spine, functional capacity evaluation, work hardening screening, psychosocial factors screen. Patient was declared temporarily totally disabled until 6/9/2014. Request for authorization (RFA) was dated 04-09-2014. Utilization review decision date was 04-25-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%/Gabapentin 10%/Tramadol 10%, 180gm (2 Refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Topical Analgesics Page 111-113 Page(s): 111-113.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical Gabapentin is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of compounded topical analgesics containing Gabapentin.Therefore, the request for Lidocaine 6%/Gabapentin 10%/Tramadol 10%, 180gm (2 Refills)is Not medically necessary.

Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5%, 180gm (2 Refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Topical Analgesics Page 111-113 Page(s): 111-113.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. There is no evidence for use of any other muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of compounded topical analgesics containing Baclofen, Cyclobenzaprine, or any other muscle relaxant.Therefore, the request for Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5%, 180gm (2 Refills)is Not medically necessary.

Physical Medicine 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines--Treatment for Workers Compensation (ODG-TWC) Low Back Procedure Summary, Physical Therapy Guidelines for Lumbar Intervertebral Disc Disorders w/Myelopathy; Shoulder Procedure Summary; Elbow Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Physical Therapy (PT) Physical Medicine Pages 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical Therapy (PT) Physical MedicineShoulder (Acute & Chronic) Physical therapyElbow (Acute & Chronic) Physical therapyLow Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT).

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) Pain (Chronic) provides physical therapy (PT) physical medicine treatment guidelines, recommending 9 visits for arthritis. ODG guidelines recommend 10 visits for rotator cuff syndrome, 8 visits for lateral and medial epicondylitis, and 10 visits for lumbar and thoracic intervertebral disc disorder with myelopathy.Primary treating physician's progress report dated 4/9/2014 documented diagnoses of lumbar spondylosis with myelopathy, partial tear of rotator cuff tendon of the right shoulder, lateral epicondylitis of the left elbow, thoracic sprain strain. Patient has completed 7 sessions since the last request for physical medicine. Six additional physical therapy visits were requested. MTUS and ODG guidelines recommend up to 10 physical therapy visits for the patient's diagnoses. Medical records document that the patient has completed 7 physical therapy visits. No exceptional factors were documented. Six additional physical therapy visits would exceed MTUS and ODG guideline recommendations.Therefore, the request for Physical Medicine 1 x 6is Not medically necessary.

Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures. Decision based on Non-MTUS Citation Official Disability Guidelines--Treatment for Workers Compensation; Fitness for Duty Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace.Primary treating physician's progress report dated 4/9/2014 requested a functional capacity evaluation. MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE).Therefore, the request for Qualified Functional Capacity Evaluationis Not medically necessary.

Psychosocial Factors Screening: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Psychological evaluations Page 100-101 Page(s): 100-101.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address psychological evaluations. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation.Primary treating physician's progress report dated 4/9/2014 requested psychosocial factors screen. MTUS guidelines supports the medical necessity of psychological evaluations.Therefore, the request for Psychosocial Factors Screeningis Medically Necessary.

Work Hardening Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Work conditioning, work hardening Pages 125-126 Page(s): 125-126.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines present criteria for admission to a work hardening program. Plateau of functional capacity is demonstrated. Patient is not a candidate where surgery or other treatments would clearly be warranted to improve function. Physical and medical recovery is sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.Primary treating physician's progress report dated 4/9/2014 documented that the patient has not reached a plateau in her recovery. Per MTUS, plateau must be demonstrated. Progress report 4/8/2014 documented the diagnoses of lumbar spondylosis with myelopathy and partial tear of rotator cuff tendon of the right shoulder, which may benefit from surgery or other treatments. Per MTUS, the patient should be not a candidate where surgery or other treatments would clearly be warranted to improve function. Progress report 4/8/2014 documented that the patient was declared temporarily totally disabled until 6/9/2014. Per MTUS, physical and medical recovery should be sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. Medical records indicate that the patient does not meet MTUS criteria for admission to a work hardening program.Therefore, the request for Work Hardening Screeningis Not medically necessary.