

Case Number:	CM14-0083467		
Date Assigned:	06/06/2014	Date of Injury:	03/02/2014
Decision Date:	07/22/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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 is a 41 year old female with a date of injury on 3/2/2014. Diagnoses include lumbar disc displacement with myelopathy, sciatica, thoracic disc displacement, partial rotator cuff tear right shoulder, cruciate ligament sprain, left ankle sprain, and sacroiliitis. Subjective complaints are of left ankle and foot pain, right shoulder pain, left hip and knee pain, and spine back. It was noted that patient is also suffering from depression and anxiety. Physical exam shows limited lumbar and thoracic spine motion with spasm and tenderness. There is a decreased left Achilles reflex and decreased sensation in left S1 dermatome. There is spasm and tenderness in the right shoulder, left hip, left knee and left foot/ankle. Patient had attended 11 conservative therapy sessions by 3/26/14. Office notes indicate that patient still has moderate pain and has been responding well to therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING/CONDITIONING SCREENING-ONE EVALUATION: Upheld

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

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) 137; Official Disability Guidelines (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EXAM.

Decision rationale: The ODG suggests that an evaluation (functional capacity evaluation) is recommended prior to admission to a work hardening program. ACOEM guidelines suggest there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG guidelines recommend FCEs if there are multiple failed returns to work attempts, if patient is nearing maximal medical improvement, or there is conflicting medical reporting on precautions or fitness for a modified job. For this patient there is no evidence that indicates patient is near maximum medical improvement as she is still undergoing physical therapy, patient has not had failed return to work attempts, and there are not conflicting medical reports of her fitness, and specific functional deficits are not noted. Therefore, a request for a functional examination for a work hardening program is not medically necessary at this time.

WORK HARDENING/CONDITIONING PROGRAM, FOLLOW-UP VISIT WITH RANGE OF MOTION AND ADDRESSING ADL X10 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK HARDENING Page(s): 125.

Decision rationale: CA MTUS states criteria for work conditioning/screening and program includes evidence that there has been an adequate trial of active physical rehabilitation with improvement followed by a plateau. There must also be a specific return-to-work goal. For this patient, while there are ongoing complaints there is limited evidence that shows return to work attempts, and submitted documentation indicates that patient is improving with physical medicine. Therefore, the medical necessity of a work conditioning program is not established.

PSYCHOSOCIAL FACTORS SCREENING ONE EVALUATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

Decision rationale: CA MTUS states that 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. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Therefore, a psychosocial evaluation is consistent with guidelines, and is medically necessary.

INFLAMMATION TOPICAL COMPOUND (LIDOCAINE 6%, GABAPENTIN 10%, TRAMADOL 10%) 180GM, 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56, 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Gabapentin, Lidocaine, and Tramadol. Guidelines also do not recommend topical Gabapentin as no peer-reviewed literature support their use. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of Lidocaine are indicated. Guidelines do not recommend topical Tramadol as no peer-reviewed literature support their use. Furthermore, the patient is already taking oral Tramadol, and topical administration of Tramadol would not likely add further benefit. Therefore, the medical necessity of this compounded medication is not established.

MUSCULAR PAIN TOPICAL COMPOUND (FLURBIPROFEN 15%, CYCLOBENZAPRINE 2%, BACLOFEN 2%, LIDOCAINE 5%) 180 GM, 2 REFILLS: Upheld

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

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

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine. Guidelines do not recommend topical Cyclobenzaprine or Baclofen as no peer-reviewed literature supports their use. CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of Lidocaine are indicated. For these reasons, the medical necessity of this medication is not established.

TRAMADOL 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96, 93.

Decision rationale: CA MTUS recognizes Tramadol as a synthetic opioid that affects the central nervous system and is not recommended as a first line analgesic. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. No documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use, or failure of non-opioid medications prior to considering Tramadol. For these reasons, the medically necessity for Tramadol is not established.