MAXIMUS Federal Services

Case Number:	CM14-0085571		
Date Assigned:	07/23/2014	Date of Injury:	09/13/2012
Decision Date:	09/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 Texas. 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 55 year old female who sustained an injury on 09/13/2012 when she was involved in an industrial accident involving the left hand, knee, back and neck. She was initially referred to physical therapy as well as acupuncture treatment. Prior medication use included over the counter Tylenol as well as Motrin. The clinical report from 07/02/14 noted persistent moderate to severe pain in the left hand and wrist as well as pain in the neck, mid back and low back and left knee. Physical examination noted tenderness in the neck and low back with loss of range of motion. There is also tenderness in the left hand and wrist as well as the left knee. She had been utilizing Tramadol 50mg and Motrin 800mg at this evaluation. She was kept on work restrictions and was recommended for further comprehensive multidisciplinary approaches for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Lidocaine 6%, Gabapentin 10%,,Tramadol 10%, 540gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines and United States Food and Drug Administration note that the efficacy of compounded medications has not been established through rigorous clinical trials. The Food and Drug Administration requires that all components of compounded topical medication be approved for transdermal use. This compound contains Gabapentin and Tramadol which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this topical compound, Lidocaine 6%, Gabapentin 10%, Tramadol 10%, 540mg cannot be supported as medically necessary.

Topical compound Fluribiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 540gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen, Cyclobenzaprine and Baclofen which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this topical compound, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 540mg cannot be supported as medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation did not establish any clear functional benefits obtained with the continuing use of Tramadol. Per Guidelines, Tramadol can be utilized as an option in the treatment of moderate to severe musculoskeletal complaints. As the clinical documentation submitted for review did not identify any specific functional improvements or pain reduction obtained with ongoing use of this medication, Tramadol 50mg #90 is not medically necessary.

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: At this point in time the injured worker does appear to be at or near maximum medical improvement. She has continued on work restrictions to include no walking or standing longer than ten minutes as well as no gripping or grasping with either hand. Her physical examination findings did not identify any substantial functional impairment that would reasonably support ongoing work restrictions. Functional capacity evaluations can be utilized in order to establish functional restrictions in regards to return to work. This would be appropriate in this case and the request is medically necessary.

Followup up visit with range of motion and addressing ADLs: 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) Forearm, Wrist, and Hand Chapter, Office Visits.

Decision rationale: Until the injured worker is able to undergo a functional capacity evaluation establishing her overall level of function, there would be no requirement for further follow up visits to address range of motion or the injured worker's ability to perform activities of daily living. Therefore, the request for a follow-up visit with range of motion and addressing ADL's is not medically necessary.