

Case Number:	CM14-0095022		
Date Assigned:	07/25/2014	Date of Injury:	12/28/2011
Decision Date:	09/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/23/2014

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 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:

This is a 38-year-old female who reported an industrial injury on 12/28/2011, almost three (3) years ago, attributed to the performance of her usual and customary job tasks when she reportedly struck her left foot on the concrete walkway and fell to her left side with resulting pain to the left foot, left hand, and lower back. The patient is reported to be not working. The industrial injury is accepted for the left foot, left hand, and lower back. A MRI of the lumbar spine documented this bulges of 2 mm at L4-L5 and a 5 to 6 mm bulge at L5-S1 with an annular fissure in the posterior aspect of the disc. The patient continues to complain of ongoing pain. The treating diagnoses include chronic left shoulder myofascial pain; chronic left hand strain; L5-S1 disc protrusion and left lumbar radiculopathy; pre-existing left hip congenital dysplasia; chronic left knee strain nonspecific pain; left Hallux sprain. The orthopedic complaints have been assessed as reaching maximal medical improvement. The patient has been prescribed a functional capacity evaluation; Motrin cream 240 g one refill; cyclobenzaprine cream 240 g one refill; and cyclo-keto-lido cream 240 g with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Measurement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 132-139, and on the Non-MTUS Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The ODG Guidelines state that the FCE is not ordered routinely. There are no complex issues identified, such as, prior unsuccessful attempts to return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The FCE is requested for chronic back pain with no changes on the current documented objective findings on examination. The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. As such, the request is not medically necessary.

Motrin Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; NSAIDS Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics, NSAIDs.

Decision rationale: The topical nonsteroidal anti-inflammatory drug (NSAID), Motrin cream, is not medically necessary in addition to prescribed oral NSAIDs or the available OTC NSAIDs. The patient has been prescribed topical Motrin cream for chronic back and extremity pain. The patient has received topical NSAIDs for a prolonged period of time exceeding the time period recommended by evidence-based guidelines. There is no demonstrated medical necessity for both an oral NSAID and a topical NSAID. There is no provided subjective or objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. As such, the request is not medically necessary.

Cyclobenzaprine cream 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain; muscle relaxants; cyclobenzaprine.

Decision rationale: Flexeril (cyclobenzaprine) topical cream is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has

been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the MTUS Guidelines. The chronic use of muscle relaxants is not recommended by guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. As such, the request is not medically necessary.

Cyclo, Keto, Lido Cream 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines topical analgesics pages Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-topical analgesics; topical analgesics compounded;

Decision rationale: There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG Guidelines, would the use of topical preparations be recommended on a short-term basis for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. As such, the request is not medically necessary.