MAXIMUS Federal Services

Case Number:	CM14-0070104		
Date Assigned:	08/06/2014	Date of Injury:	10/22/2002
Decision Date:	01/02/2015	UR Denial Date:	04/21/2014
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 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 injured worker is a 58 year old who was injured on October 22, 2012 per the utilization review. Results of the injury included significant back pain as well as low back pain. Pertient diagnosis include cervical spine disk syndrome, cervical spondylosis without myelopathy , brachaial neuritis or radiculitis, sprain/strain neck, depressive disorder, anxiety, status post lumbar spine anterior/posterior fusion with residuals, gastroesophageal reflux , and left shoulder sprain and then right shoulder sprain. Treatments have included requests for neurology consultation, pain management consultation, further diagnostic testing, flexeril, and Norco. X-ray of the cervical spine dated August 5, 2014 showed anterior osteophytes. X-ray of the lumbar spine dated August 5, 2014 showed postsurgical changes consistent with anterior lumbar interbody fusion at L3-L4 through L5-S1 with multilevel pedicle screw fixation. Most recent progress report dated November 25, 2014 noted the injured worker to have pain in the neck, lower back, right, and left shoulder. Range of motion was within normal limits. A request was made for a magnetic resonance imaging scan of the left shoulder and further consultations again were requested. Per the Utilization Review form dated April 21, 2014, Prilosec 20 mg, # 60 was noncertified due to the injured worker not being on NSAIDS, was under the age of 65, and has no history of gastrointestinal disease requiring maintenance. Tramadol ER 150 mg, # 30 had been modified due to lack of supporting documentation of efficacy. Eight physical therapy sessions were non-certified due to lack of documentation supporting the attendance to prior physical therapy sessions or participation in a home exercise program. One functional capacity evaluation was noncertified based on lack of evidence of attempts returning to work or modified work. One topical prescription for topical compound TGHot (tramadol 8%, gabapentin 10%, Menthol 2%, Camphor 2%, Capsasin .05 % 180 grams) was non certified based on all the ingredients in the formulary are not indicated or recommended in topical delivery mode. One

prescription for topical FlurFlex is non certified based on the guidelines stating muscle relaxants are not recommended in topical delivery mode as there is no evidence to support efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

Decision rationale: This was denied because NSAIDs were not being prescribed for this patient. I agree with this determination - medical necessity for a PPI is only established with NSAID prescribing. Per the MTUS chronic pain guideline, the patient must have GI risk factors, which are outlined, and be prescribed an NSAID. The omeprazole is not approved - the denial is upheld.

Tramadol ER 150mg, qty 30: Upheld

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

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

Decision rationale: This patient has not shown benefit from Tramadol - his pain has not decreased nor his function improved. Per the MTUS, chronic pain guideline, narcotics should be continued with improved functioning and pain. This has not been demonstrated for this patient. The medical necessity is not established. The denial is upheld.

8 Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The patient has had multiple prior physical therapy sessions. Active therapy is recommended for musculoskeletal conditions per the CA MTUS, chronic pain guidelines. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.For myalgias and myositis, unspecified (ICD9 729.1): 9-10 visits are allowed over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified

(ICD9 729.2)8-10 visits are allowed over 4 weeks. He has already had at least 20 visits of physical therapy, and should be independent with a home program. The denial is upheld, as medical necessity has not been established for physical therapy.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty (Acute and Chronic)

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, Functional Capacity Evaluation

Decision rationale: Per the ODG, a FCE is not to be used as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. It is recommended prior to entering a work hardening program. Consider an FCE if1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities.2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified.This patient has not met criteria for medical necessity for FCE. The denial is upheld.

Topical Compound TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%), 180 gms: Upheld

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

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

Decision rationale: Per the chronic pain guidelines of the MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support the use of topical tramadol, gabapentin, menthol or camphor. The entire compound cannot, hence, be approved, and the denial is upheld.

Topical Compound FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 gms: Upheld

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

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

Decision rationale: Per the CA MTUS Guidelines, there is "no evidence for use of any other muscle relaxant as a topical product," after discussing Baclofen (also without evidence). Cyclobenzaprine is not approved. The only topical NSAID that is approved through the guidelines is Voltaren gel, not flurbiprofen. There is no evidence that NSAIDs help chronic musculoskeletal pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical necessity has not been established for this compound, and the denial is upheld.