MAXIMUS Federal Services

Case Number:	CM15-0003169		
Date Assigned:	01/14/2015	Date of Injury:	01/07/2000
Decision Date:	03/20/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Emergency Medicine

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 IW is a 42 year old male who sustained an industrial injury on 1/7/2000. The current diagnoses are lumbago, intervertebral disc disease of the lumbar spine with myelopathy, lumbar post laminectomy syndrome, degenerative disc disease of the lumbosacral spine, thoracic/lumbosacral neuritis/radiculitis, and right knee pain. Currently, the injured worker complains of low back pain with radiation of symptoms extending to the left foot including numbness, tingling, weakness, and pain. The pain is rated 8/10 on a subjective pain scale. Current medications are Methadone, Tramadol, Flexeril, Flector, Alprazolam, and Ambien. Treatment to date has included medications, acupuncture, physical therapy, TENS, epidural injections, and surgery. The IW continued to be unable to work. The treating physician is requesting functional capacity evaluation, Tramadol HCL 50mg #150, Methadone HCL 10mg #120, Flector 1.3% patch, and Flexeril 5mg #120, which is now under review. On 12/20/2014, Utilization Review had non-certified a request for functional capacity evaluation, Tramadol HCL 50mg #150, Methadone HCL 10mg #120, Flector 1.3% patch, and Flexeril 5mg #120. The CA MTUS chronic pain guidelines and other non-MTUS resources were cited in support of the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89. Decision based on Non-MTUS Citation Fitness for Duty

Decision rationale: According to ODG guidelines, functional capacity evaluation is "recommended prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job." It is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The documentation does not support the IW's progress is approaching return to work status. The IW continues to report increasing pain despite multiple treatment approaches. There is no documentation of decreased reliance on medications. The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation, cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The request for a functional capacity evaluation is not medically necessary.

1 prescription of Tramadol HCL 50mg #150 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 113, 80-81.

Decision rationale: According to CA MTUS guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW continues to rate his pain high on a visual analog scale and reports reliance on medications to achieve ADLs. There are no specific responses to individual medications listed. In addition, the request does not include

dosing frequency or duration. There is not a toxicology report included in the record. The request for Tramadol analgesia is not medically necessary.

1 prescription of Methadone HCL 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, opioids Page(s): 93, 80-81, 86.

Decision rationale: Methadone is an opiate narcotic used in the treatment of chronic pain. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Additionally, guidelines "recommend that dosing not exceed 120mg oral morphine equivalents per day." This includes the inclusion of all opiate containing medications. The included documentation fails to include the above recommended documentation. The IW continues to rate his pain high on a visual analog scale and reports reliance on medications to achieve ADLs. There are no specific responses to individual medications listed. The usage of the medications is not documented, therefore, daily opiate ingestion can not be calculated. The request does not include dosing frequency or duration. There is not a toxicology report included in the record. The request for Methadone analgesia is not medically necessary.

1 prescription for Flector 1.3% patch with 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 - non-steroidal anti-inflammatory agent Page(s): 111-112.

Decision rationale: Flector is a topical analgesic patch with the active ingredient diclofenac, a non-steroidal anti-inflammatory agent. Ca MTUS guidelines state the efficacy of topical NSAIDs is greatest in the first 2 weeks of use. They are "recommended for short-term use (4-12 weeks)." In addition guidelines state, "there is little evidence to utilize topical NSIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Specific diclofenac, "... has not been evaluated for treatment of the spine, hip or shoulder." The IW medical diagnoses largely involve conditions related to the spine, however knee pain is also documented. The documentation does not indicate where the IW is applying the patches. In addition, documents dated June-October 2014 support ongoing use of the patches. This exceeds the recommended 4-12 weeks. The request for Flector is not medically necessary.

1 prescription for Flexeril 5mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41-42.

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for several months as documented in records from June - October 2014. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request for Flexeril is not medically necessary.