

Case Number:	CM15-0017839		
Date Assigned:	02/05/2015	Date of Injury:	09/24/2014
Decision Date:	04/02/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 9/24/14. He has reported pain in the lower back related to falling down 10 steps. The diagnoses have included lumbar disc displacement and thoracic disc displacement. Treatment to date has included x-ray of lumbar spine, back brace and oral medications. As of the PR2 dated 12/17/14, the injured worker reported constant pain in the lumbar spine that is aggravated by walking. The treating physician requested a functional capacity evaluation, a lumbosacral orthosis, a multi-IF stimulator x 1 month trial, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180gm with 2 refills, Lidocaine 15%, Gabapentin 10%, Ketoprofen 10% 180gm with 2 refills and Physical Medicine 12 visits 3 x 4. On 1/7/15 Utilization Review non-certified a request for functional capacity evaluation, a lumbosacral orthosis, a multi-IF stimulator x 1 month trial, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% -180gm with 2 refills, Lidocaine 15%, Gabapentin 10%, Ketoprofen 10% - 180gm with 2 refills and Physical Medicine 12 visits 3 x 4. The utilization review physician cited the ACOEM guidelines and the MTUS guidelines for chronic pain medical treatment. On 1/26/15, the injured worker submitted an application for IMR for review of a functional capacity evaluation, a lumbosacral orthosis, a multi-IF stimulator x 1 month trial, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% -180gm with 2 refills, Lidocaine 15%, Gabapentin 10%, Ketoprofen 10% - 180gm with 2 refills and Physical Medicine 12 visits 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: This patient presents with low back and mid back pain that is described as throbbing and aching. The current request is for FCE. ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness for Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states:"Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 treating physician has not specified a reason for the request. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Functional capacity evaluations are recommended by ODG guidelines as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM guidelines do not support FCE to predict an individual's work capacity. In this case, the treating physician does not explain why FCE is crucial, and it does not appear that the request is being made by the employer or the claims administrator. Therefore, the request IS NOT medically necessary.

Lumbosacral Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, Lumbar Supports.

Decision rationale: This patient presents with low back and mid back pain that is described as throbbing and aching. The current request is for LUMBOSACRAL ORTHOSIS. ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use

of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security."ODG Guidelines, under its low back chapter, Lumbar Supports also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). In this case, the patients with a low back contusion, and does not present with compression fracture, documented instability, or spondylolisthesis to warrant lumbar support. Given the lack of ACOEM and ODG guidelines support for the use of lumbar orthosis, the request IS NOT medically necessary.

Multi IF stimulator 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-121.

Decision rationale: This patient presents with low back and mid back pain that is described as throbbing and aching. The current request is for MULTI IF STIMULATOR 1 MONTH RENTAL. For Interferential Current Stimulation (ICS), the MTUS guidelines, pages 118 - 120, state that "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The reports show the requested treatment is not intended as an isolated intervention as the patient has been prescribed medications, including Norco. There is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions. Therefore, the requested interferential unit IS NOT medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% -180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,112 and 113.

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

Decision rationale: This patient presents with low back and mid back pain that is described as throbbing and aching. The current request is for FLURBIPROFEN 15%, CYCLOBENZAPRINE 2%, BACLOFEN 2%, LIDOCAINE 5%- 180GM W/2 REFILLS. The

MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from back pain. Furthermore, Gabapentin and cyclobenzaprine are not recommendation in any topical formulation and lidocaine has only been approved in a patch form. This topical compound medication IS NOT medically necessary.

Lidocaine 15%, Gabapentin 10%, Ketoprofen 10% - 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 and 113.

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

Decision rationale: This patient presents with low back and mid back pain that is described as throbbing and aching. The current request is for Lidocaine 15%, Gabapentin 10%- 180gm with 2 refills. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. In this case, Lidocaine is only recommended in a patch form. Furthermore, MTUS states that Gabapentin is not recommended in any topical formulation. This request IS NOT medically necessary.

Physical Medicine 12 visits 3 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; Pain, Suffering, and the Restoration of Function Chapter, page 114 and the Official Disability Guidelines (ODG); Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with low back and mid back pain that is described as throbbing and aching. The current request is for PHYSICAL MEDICINE 12 VISITS 3X4. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient has

a date of injury of 9/24/14 and has not yet trialed physical therapy. Given the patient's continued complaints of pain and findings on physical examination, an initial course of 9-10 sessions is in accordance with MTUS. However, the treating physician has requested 12 sessions which exceeds what is recommended by MTUS. This request IS NOT medically necessary.