

<b>Case Number:</b>	CM15-0019770		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 injured worker is a 43-year-old male who reported neck and back pain after falling on 6/28/2013. The diagnoses have included cervical strain/sprain, radiculitis, and lumbosacral strain/sprain with radiculitis, lumbar compression fracture, myofascial pain syndrome and depression. A lumbar CT scan on 6/23/14 showed a stable L2 compression fracture without stenosis or significant change. An EMG/NCV on 5/23/14 showed a bilateral L5 radiculopathy. Treatment to date has included physical therapy, TENS, acupuncture, and medication. There are no reports showing functional improvement after the treatment with acupuncture during June through August 2014. The injured worker has remained off work. On 4/24/14, the injured worker completed a functional capacity evaluation, and did not meet the criteria for a janitor. According to the initial evaluation by the current primary treating physician on 12/24/2014, there was neck pain, back pain coccyx pain, sleeping problems, depression and anxiety. There was an antalgic gait. The neck and back were tender with decreased range of motion and spasm. There was decreased motor strength in the right leg at 4/5, and decreased sensation in the right lower extremity. Urine toxicology testing was ordered for medication monitoring. A prescription was given for Fluriflex 180gm and TGHOT 180gm. Authorization was requested for Extracorporeal Shock Wave Therapy (ECSWT) for the lumbar spine, computerized tomography of the lumbar spine, consult with a psychologist, Functional Capacity Evaluation, and acupuncture. This evaluation did not discuss the prior course of treatment and the underlying injuries. The work status was temporarily totally disabled. A separate document, with no physician name or date describes the initial fall, visits with various physicians, and treatment with physical therapy and medications. On 1/8/2015, Utilization Review non-certified a drug screen, shockwave therapy, a functional capacity evaluation, TG Hot and Fluriflex. Acupuncture was partially certified for 3 visits.

The MTUS and the Official Disability Guidelines were cited. Lumbar radiographs, a psychological evaluation, and a CT scan were certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture evaluation and treatment; 2 x 6 weeks to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of functional improvement. Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. Since the completion of the previous acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS as well as the lack of specific indications. Acupuncture evaluation and treatment is not medically necessary.

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction.

**Decision rationale:** The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. No medications were listed and the need for management via a urine drug screen is not explained. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case of an opioid therapy program. The treating physician has not listed any other reasons to do the urine drug screen apart from a very non-specific reference to medication monitoring. The details of testing have not been provided. Potential problems with drug tests include variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The treating physician has not addressed any of these issues, which are discussed in detail in the references cited above. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program, and that are, outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

**ECSWT to lumbar spine 1 x 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation; Integrated Treatment/Disability Duration Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back chapter, Shock wave therapy.

**Decision rationale:** The MTUS does not provide direction for shock wave therapy for low back pain. The Official Disability Guidelines cited above recommend against this therapy. It is therefore not medically necessary.

**Physical performance - 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 - Treatment in Workers Compensation; Integrated/Disability Duration Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation and Other Medical Treatment Guidelines Chapter 7, Pages 137-8, discussion of IME recommendations (includes functional capacity evaluation).

**Decision rationale:** The ACOEM guidelines pages 137-8, in the section referring to Independent Medical Evaluations (which is not the context in this case), state: there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace and it is problematic to rely solely upon the functional capacity evaluation results for determination of current work capability and restrictions. 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 Official Disability Guidelines state that a functional capacity evaluation is 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 current request does not meet this recommendation, as it appears to be intended for general rather than job-specific use. The treating physician has not addressed the fact that a functional capacity evaluation was already performed during 2014, and he did not discuss the results and reasons why it needs to be repeated. 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 (assuming that any exists), 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 treating physician has not provided any information in compliance with this portion of the MTUS. The functional capacity evaluation in this case is not medically necessary based on lack of medical necessity and lack of a sufficiently specific prescription.

**TG hot 180 grams:** 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 Medications for chronic pain; Topical Medications Page(s): 111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include tramadol-gabapentin-menthol-camphor-capsaicin. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that: Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. There is no good evidence supporting topical tramadol. Menthol and camphor are not discussed specifically in the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, and lack of medical evidence.

**Fluriflex 180 grams:** Upheld

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

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

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The ingredients appear to include tramadol-gabapentin-menthol-camphor-capsaicin. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state, "Custom compounding and dispensing of combinations of medicines that have

never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. There is no good evidence supporting topical tramadol. Menthol and camphor are not discussed specifically in the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, and lack of medical evidence.