

Case Number:	CM15-0162545		
Date Assigned:	08/28/2015	Date of Injury:	07/09/2015
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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 34 year old male who sustained an industrial injury on 07-09-15. Initial complaints include pain in the mid back. Initial diagnoses include thoracic and lumbar spine strain and sprain. Treatments to date include are not addressed. Diagnostic studies are not addressed. Current complaints include pain in the mid back. Current diagnoses include thoracic and lumbar spine strain and sprain. In a progress note dated 07-23-15 the treating provider reports the plan of care as x-rays of the lumbar and thoracic spines and medications including naproxen and a topical compound. The requested treatments include a Functional Capacity Evaluation, x-rays of the thoracic and lumbar spines, and medications including a topical compound including Flurbiprofen-capsaicin-camphor- menthol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/caps/cam/menthol topical compound cream Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 34 year old patient complains of pain and numbness in the thoracic pain and pain in lower back pain, as per progress report dated 07/23/15. The request is for FLURBI/CAPS/CAM/MENTHOL TOPICAL COMPOUND CREAM QTY: 1. There is no RFA for this case, and the patient's date of injury is 06/09/15. Diagnoses, as per progress report dated 07/23/15, included thoracic sprain/strain and lumbar sprain/strain. Medications included Nabumetone and Orphenadrine, as per progress report dated 07/02/15. The pain is rated at 3/10, as per progress report dated 06/24/15. The patient is on modified duty, as per progress report dated 07/23/15. The MTUS Chronic Pain Medical Treatment Guidelines 2009 has the following regarding topical creams on page 111, Topical analgesics section: Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. on topical lidocaine states, Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, none of the progress reports discuss the request. Given the patient's date of injury, this appears to be the first prescription of the topical cream. The treater does not mention where and how the ointment will be used. There is no documentation of peripheral joint arthritis for which topical Flurbiprofen is indicated by MTUS. Additionally, MTUS only recommends the use of Capsaicin in the form of a topical patch. The Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the treater does not indicate where and how the cream will be used. Hence, the request IS NOT medically necessary.

Functional capacity evaluation Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, FCEACOEM chapter 7, page 137.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and Consultations, page 137-139.

Decision rationale: The 34 year old patient complains of pain and numbness in the thoracic pain and pain in lower back pain, as per progress report dated 07/23/15. The request is for

FUNCTIONAL CAPACITY EVALUATION QTY: 1. There is no RFA for this case, and the patient's date of injury is 06/09/15. Diagnoses, as per progress report dated 07/23/15, included thoracic sprain/strain and lumbar sprain/strain. Medications included Nabumetone and Orphenadrine, as per progress report dated 07/02/15. The pain is rated at 3/10, as per progress report dated 06/24/15. The patient is on modified duty, as per progress report dated 07/23/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, Independent Medical Examinations and Consultations, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the request is for FCE is noted in progress report dated 07/23/15. The treater does not explain the purpose of the request. ACOEM states that "there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Additionally, there is no request from the employer or claims administrator, and the treater does not discuss the purpose of this request. Routine FCE's are not recommended as they do not necessarily predict a patient's ability to work. Hence, the request IS NOT medically necessary.

X-rays thoracic spine Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guideline Plus, APG 1 Plus 2010.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under Radiography.

Decision rationale: The 34 year old patient complains of pain and numbness in the thoracic pain and pain in lower back pain, as per progress report dated 07/23/15. The request is for X-RAYS THORACIC SPINE QTY: 1. There is no RFA for this case, and the patient's date of injury is 06/09/15. Diagnoses, as per progress report dated 07/23/15, included thoracic sprain/strain and lumbar sprain/strain. Medications included Nabumetone and Orphenadrine, as per progress report dated 07/02/15. The pain is rated at 3/10, as per progress report dated 06/24/15. The patient is on modified duty, as per progress report dated 07/23/15. For radiography of the low back, ACOEM ch12, Low Back Complaints 2004 and Special Studies section, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the

pain has persisted for at least 6 weeks." In this case, the request for x-ray of thoracic spine is noted in progress report dated 07/23/15. Given the patient's date of injury, this appears to be the first request for an x-ray. The patient suffers from pain in mid-back. Physical examination reveals tenderness to palpation paravertebral musculature of the thoracic spine. However, there is no documentation of a neurological deficit. ACOEM supports the use of x-rays only with "unequivocal objective findings that identify specific nerve compromise on the neurological examination..." Hence, the request for thoracic x-rays IS NOT medically necessary.

X-rays lumbar spine Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guideline Plus, APG 1 Plus 2010 Lumbar complaints.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under Radiography.

Decision rationale: The 34 year old patient complains of pain and numbness in the thoracic pain and pain in lower back pain, as per progress report dated 07/23/15. The request is for X- RAYS LUMBAR SPINE QTY: 1. There is no RFA for this case, and the patient's date of injury is 06/09/15. Diagnoses, as per progress report dated 07/23/15, included thoracic sprain/strain and lumbar sprain/strain. Medications included Nabumetone and Orphenadrine, as per progress report dated 07/02/15. The pain is rated at 3/10, as per progress report dated 06/24/15. The patient is on modified duty, as per progress report dated 07/23/15. For radiography of the low back, ACOEM ch12, Low Back Complaints 2004 and Special Studies section, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." In this case, the request for x-ray of lumbar spine is noted in progress report dated 07/23/15. Given the patient's date of injury, this appears to be the first request for an x-ray. The patient suffers from pain in lower back. Physical examination reveals tenderness to palpation paravertebral musculature of the lumbar spine. However, there is no documentation of a neurological deficit. ACOEM supports the use of x-rays only with "unequivocal objective findings that identify specific nerve compromise on the neurological examination..." Hence, the request for lumbar x-rays IS NOT medically necessary.