

<b>Case Number:</b>	CM15-0193536		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Pain Management

### 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 46 year old male, who sustained an industrial injury on 8-20-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right knee osteoarthritis and chondromalacia patella, left shoulder rotator cuff tear and osteoarthritis, cervical spine sprain-strain with multilevel disc bulges and bilateral upper extremity radiculopathy, thoracic spine sprain-strain with herniated nucleus pulposus (HNP) and mild central canal stenosis T3-T4 and T4-T5, lumbar spine sprain-strain with right radiculopathy, 3mm herniated nucleus pulposus (HNP) L4-L5 and l5-S1, and annular tear, right rotator cuff tear, bilateral borderline carpal tunnel syndrome, sleep disorder, seasonal affective disorder, and constipation. On 8-20-2015, the injured worker reported right shoulder pain with radiation rated 8 out of 10, cervical spine back pain rated 8 out of 10, and constipation without abdominal pain but with recurrent hiccups. The Primary Treating Physician's report dated 8-20-2015, noted the injured worker was reported to be helped by oral medication, with constipation despite Colace. The Physician noted Narcosoft would be tried, using transdermal medication to try to avoid as much oral pain medication. The injured worker's pain functional status was noted to be unchanged since the previous examination. The Physician noted there was no change in the back examination since the last visit on 7-16-2015. The physical examination was noted to show the abdomen with normal bowel sounds, soft, and non-tender, with no guarding or rebound. Prior treatments have included chiropractic treatments, TENS, physical therapy, psych educational group therapy, Biofeedback, bracing, and medications including Ativan, Seroquel, Prozac, Tylenol #3, Colace, Sonata, Ibuprofen, and Restoril. The treatment plan was noted to include requests for a Functional Capacity Evaluation (FCE), range of motion (ROM) muscle

testing, x-rays, Cyclobenzaprine cream and Narcosoft prescribed, and internal medicine follow up. The injured worker's work status was noted to be return to modified duty. The request for authorization dated 8-25-2015, requested a follow up visit with internal medicine, Cyclo/Tramadol cream with 1 refill, Narcosoft with 1 refill, Functional Capacity Evaluation (FCE), range of motion (ROM)-muscle testing, and x-ray of the cervical spine. The Utilization Review (UR) dated 9-2-2015, certified the request for a follow up visit with internal medicine, and non-certified the requests for Cyclo/Tramadol cream with 1 refill, Narcosoft with 1 refill, Functional Capacity Evaluation (FCE), range of motion (ROM)-muscle testing, and x-ray of the cervical spine.

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

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

**Cyclo/Tramadol cream with 1 refill:** Upheld

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

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

**Decision rationale:** This topical compound consists in part of topical Cyclobenzaprine. Regarding the request for topical Cyclobenzaprine, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. Given these guidelines, this request is not medically necessary.

**Narcosoft with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Company website:  
<https://enovachem.us.com/product/narcosoft/>.

**Decision rationale:** The CA MTUS, ODG, or ACOEM do not address Narcosoft. Per the product website, Narcosoft is a Medical Nutritional Supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of constipation. This includes a proprietary blend of various laxatives. The suggested use of this product is "as a dietary supplement, take two (2) capsules daily with 10 ounces of water, juice, or beverage of choice. Do not exceed four (4) capsules daily." Within the submitted documentation, it is not clear why this

anti-constipation agent was utilized as opposed to well-known laxatives such as Senna, docusate or psyllium. The records do indicate that Colace was trialed and had limited success, but there are other better studied FDA approved drugs aside from this medical food. Because this is not a product acknowledged by guidelines and with limited peer reviewed evidence to support its efficacy, it is not medically necessary.

**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 (ODG), Fitness for Duty, Functional capacity evaluation.

**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 Chapter, Functional Capacity Evaluation and Other Medical Treatment Guidelines Chapter 7, pages, 137 and 138.

**Decision rationale:** With regard to the request for a functional capacity evaluation, the CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include ACOEM and ODG. ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137 and 138: The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. The Official Disability Guidelines specify the following guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1. Case management is hampered by complex issues such as: 2. Prior unsuccessful RTW attempts. 3. Conflicting medical reporting on precautions and/or fitness for modified job. 4. Injuries that require detailed exploration of a worker's abilities. 5. Timing is appropriate: 6. Close or at MMI/all key medical reports secured. 7. Additional/secondary conditions clarified. Do not proceed with an FCE if: 1. The sole purpose is to determine a worker's effort or compliance. 2. The worker has returned to work and an ergonomic assessment has not been arranged. In the case of this injured worker, there is documentation of maximal medical improvement or is close to MMI. A progress note from 7/16/15 states "after evaluation from PM (pain management), if patient declines treatment recommendations then prepare to P&S (permanent and stationary status)." However, there is no indication that case management has been hampered by issues such as prior unsuccessful RTW attempts or conflicting medical reporting on precautions and/or fitness for modified job. Given this, this request for FCE is not medically necessary.

**Range of motion/muscle testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Regarding the request for range of motion and muscle testing, ACOEM Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why performing a standard musculoskeletal examination for this patient would not suffice, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion and muscle testing is not medically necessary.

**X-ray of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Radiography.

**Decision rationale:** With regard to the request for cervical spine x-rays, the ACOEM Neck and Upper Back Complaints Chapter, states on pages 177 and 178: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure". Within the documentation submitted for review, there is no documentation of red flag symptoms, neurologic dysfunction, or pending surgical or interventional procedure. There is documentation of prior cervical MRI and the note from 7/2015 indicates that disc bulges were seen. It is unclear why at this juncture an x-ray of the cervical spine would guide treatment. No red flag or significant change in pathology is noted. Given this, this request is not medically necessary.