MAXIMUS Federal Services

Case Number:	CM15-0196808		
Date Assigned:	10/12/2015	Date of Injury:	06/27/2014
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic neck pain with derivative complaints of headaches reportedly associated with an industrial injury of June 27, 2014. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for a multidisciplinary evaluation as a precursor to pursuit of functional restoration program, a surgical evaluation for the cervical spine, and topical Terocin patches. A September 4, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On July 8, 2015, it was acknowledged that the applicant was off of work owing to issues with posttraumatic headaches. The applicant was on Pamelor and Topamax. The applicant was asked to pursue physical therapy and a neuropsychological evaluation. The applicant was given a rather proscriptive 10-pound lifting limitation, which the treating provider acknowledged the applicant's employer was unable to accommodate. On September 4, 2015, the applicant reported issues with neck pain, headaches, and shoulder pain. The same, unchanged, rather proscriptive 10-pound lifting limitation was endorsed. The applicant was given topical Voltaren gel on the grounds that the applicant was having GI upset with Celebrex. Physical therapy was sought. A functional restoration program was also proposed, along with a surgical consultation for the cervical spine. The applicant stated that previously performed trigger point injections had not helped. The applicant exhibited a well-preserved, 5/5 upper extremity motor function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-disciplinary evaluation to evaluation for a functional restoration program consisting of an all-day consultation with 3 providers: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Chronic pain programs (functional restoration programs).

Decision rationale: No, the request for a multidisciplinary evaluation to evaluate for a functional restoration program consisting of an all-day consultation with 3 providers was not medically necessary, medically appropriate, or indicated here. While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission in a multidisciplinary functional restoration program should be considered in applicants who are prepared to make the effort to try and improve. Here, however, all evidence on file pointed to the applicant's seeming intent to maximize disability and/or indemnity benefits. The applicant was off of work, it was reported on multiple office visits, referenced above, including on September 4, 2015. The same, unchanged, rather proscriptive 10-pound lifting limitation was renewed on that date, seemingly resulting in the applicant's removal from the workplace. This restriction was unchanged when contrasted against a prior report dated July 8, 2015. It did not appear, thus, that the applicant was necessarily motivated to improve, based on the information on file. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that other criteria for pursuit of a functional restoration program include evidence that previous methods of treating chronic pain had proven unsuccessful and there is an absence of other options likely to result in significant improvement and/or evidence that an applicant is not a candidate for surgery or other treatments which would clearly be warranted to improve pain and function. Here, the attending provider sought authorization for a cervical spine surgery consultation on September 4, 2015. It did not appear that a surgical remedy had, thus, been ruled out. The applicant was, moreover, asked to pursue physical therapy on May 29, 2015. Botox injections were endorsed on that date. The applicant was also described as having significant psychological issues with mixed depression and anxiety symptoms present on June 19, 2015, resulting in a Global Assessment of Functioning (GAF) of 58, it was reported on that date. It did not appear, however, that the applicant had maximized or optimized treatment with psychotropic medications. It appeared, thus, that there were a variety of medical, injection, surgical, and/or psychological remedies which were being contemplated on or around the date of the request, any of which, if successful, would potentially obviate the need for the functional restoration program and associated multidisciplinary evaluation at issue. Therefore, the request was not medically necessary.

Surgical evaluation for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-

MTUS Citation ACOEM OMPG, Independent Medical Examinations and Consultations, Chapter 7 (127-146) page 127 and 112.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Similarly, the request for a surgical evaluation for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, page 180 does acknowledge that referral for surgical consultation is indicated in applicants who have persistent, severe, disabling shoulder or arm pain complaints with clear, clinical, imaging, and/or electrophysiologic evidence of a lesion amenable to surgical correction, here, however, the attending provider's September 4, 2015 office visit failed to outline clear clinical, imaging, and/or electrophysiologic evidence of a lesion amenable to surgical correction. The applicant exhibited well-preserved, 5/5 motor function on that date. There was no seeming discussion of MRI results. It did not appear, thus, that the applicant had a clearly established lesion present on cervical MRI imaging which was deemed amenable to surgical correction. Therefore, the request was not medically necessary.

Terocin pain patch 4% #10 refills 4 (prescribed 9/4/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=41055.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROCIN-methyl salicylate, capsaicin, menthol, https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid...44d0, Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

Decision rationale: Finally, the request for topical Terocin patches was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as a last-line option, for applicants who fail to respond to or are intolerant of other treatments. Here, while the applicant was described on September 4, 2015 as having developed dyspepsia with Celebrex, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals, which would have compelled provision of the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.