

Case Number:	CM15-0200224		
Date Assigned:	10/15/2015	Date of Injury:	01/22/2010
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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 63-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of January 22, 2010. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve requests for a functional restoration program and several topical compounded agents. The claims administrator referenced an August 31, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On September 28, 2015, the applicant reported 5/10 low back pain complaints. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The applicant also had undergone left and right shoulder surgeries, the treating provider reported. The topical compounds in question, OxyContin, and Norco were endorsed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The attending provider, once again, endorsed a functional restoration program. The applicant exhibited slow ambulation without an assistive device, it was reported. On a psychology note dated August 20, 2015, a psychologist noted that the applicant was off of work owing to issues with chronic pain and depression. The applicant's Global Assessment of Functioning (GAF) was 70, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

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

Decision rationale: No, the request for a functional restoration program of unspecified duration was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant suffers from chronic pain, the less likely it is that any treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Here, the requesting provider(s) did not clearly state, outline, establish how (or if) the functional restoration program could prove beneficial, over 5 years removed from the date of injury as of the date of the request. Page 49 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that treatment via a functional restoration program is not suggested for longer than 2 weeks without evidence of demonstrated efficacy. Here, thus, the request for an open-ended functional restoration program of unspecified duration was at odds with both pages 49 and 6 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flurbiprofen 20%, Lidocaine 5%, 4gm Topical Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for a Flurbiprofen-Lidocaine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to utilize topical NSAIDs such as Flurbiprofen, i.e., the primary ingredient in the compound, for the treatment of the spine, i.e., the primary pain generator here. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as Norco, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the large experimental topical compounded agent in question. Therefore, the request was not medically necessary.

Cyclobenzaprene 10%, Lidocaine 2%, 4gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Finally, the request for a cyclobenzaprine-Lidocaine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.