MAXIMUS Federal Services

Case Number:	CM15-0201767		
Date Assigned:	10/16/2015	Date of Injury:	05/15/2014
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
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: 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 injured worker is a 70 year old male, who sustained an industrial injury on 5-15-14. The injured worker is undergoing treatment for lumbosacral musculoligamentous strain and sprain with radiculitis, lumbosacral disc protrusions with annular tear and stenosis, left knee strain and sprain, and left knee meniscal tear. On 4-23-15, he indicated he had low back and left knee pain he rated 3 out of 10 for the back and 2 out of 10 for the left knee, which was noted to be down from 3 out of 10. Objective findings revealed tenderness in the low back with a restricted range of motion and positive bilateral straight leg raise test, and tenderness to the left knee. On 8-20-15, he reported low back pain and indicated it had improved from 2 out of 10 with his last visit. He stated he had no symptoms related to his left knee. Objective findings revealed no tenderness in the low back, and no tenderness to the left knee. He is noted to indicate physical therapy has helped to improve his function and activity by 30 percent, and decreased his pain and tenderness. The treatment and diagnostic testing to date has included medications, multiple sessions of physical therapy (at least 23 sessions completed), and magnetic resonance imaging of the left knee (7-9-14). Medications have included topical creams. Current work status: temporary total disability. The request for authorization is for physical performance functional capacity evaluation; Flurbiprofen 20 percent-lidocaine 5 percent-Amitriptyline 5 percent 180 grams, two to three times daily. The UR dated 9-24-15: non-certified the request for physical performance functional capacity evaluation; and; Flurbiprofen 20 percent-lidocaine 5 percent-Amitriptyline 5 percent 180 grams, two to three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance functional capacity evaluation: 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 Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation (FCE).

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/Guidelines for Performing an FCE.

Decision rationale: The ODG provides criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, potential entry into a work hardening program or when the injured worker is at or near reaching maximum medical improvement. None of these criteria are met for the injured worker to justify a functional capacity evaluation. The request for physical performance functional capacity evaluation is not medically necessary.

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180 gm BID-TID: 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): Amitriptyline, NSAIDs (non-steriodal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180 gm BID-TID is not medically necessary.