

<b>Case Number:</b>	CM15-0020181		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: New York  
Certification(s)/Specialty: Emergency 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 43 year old male who has reported neck, shoulder, and ankle pain after falling on November 19, 2013. The diagnoses have included a head contusion, epidural hematoma, neck contusion, left shoulder contusion, and a left ankle contusion. Treatments have included NSAIDs, cyclobenzaprine, and physical therapy. The initial hospital reports were not available for review. On November 17, 2014, the injured worker was evaluated by a new treating physician. There was neck, left shoulder and left ankle pain. The physical exam was notable for tenderness in the painful areas and decreased range of motion in the neck. The treatment plan included ibuprofen, cyclobenzaprine, and modified work. Physical therapy was prescribed and the initial visit was on 11/25/14. Three visits were completed by 12/8/14. On 12/17/14 the injured worker was seen by a new primary treating physician. Prior treatment included muscle relaxants, pain medications, and four sessions of physical therapy. Physical therapy was stated to be not helpful. Current symptoms were in the head, neck, shoulder, ankle, and foot. The names of current and past medications were not listed. The neck was tender and the range of motion was slightly decreased. There was no spasm in the neck or back. The shoulder was tender with spasm and limited range of motion. The ankle was tender with limited range of motion. The treatment plan included "temporarily totally disabled" work status, functional capacity evaluation, ibuprofen, Ultram, physical therapy with electrical stimulation and chiropractic manipulation for the neck, shoulder, ankle, and foot; and topical compound creams. The content of the functional capacity evaluation was not described. The report included a list of range of motion measurements stated to have been measured with a goniometer or digital protractor. On 1/6/15 Utilization Review non-certified a functional capacity evaluation and topical compounds. Ultram, a follow-up visit, and Motrin were partially certified. The MTUS and the Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 functional capacity evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 7, Pages 137-8.

**Decision rationale:** The ACOEM guidelines pages 137-8, in the section referring to Independent Medical Evaluations (which is not the context in this case), state "there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace" and "it is problematic to rely solely upon the functional capacity evaluation results for determination of current work capability and restrictions." The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The Official Disability Guidelines state that a functional capacity evaluation is "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The current request does not meet this recommendation, as it appears to be intended for general rather than job-specific use. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation (assuming that any exists), cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning - Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The treating physician has not provided any information in compliance with this portion of the MTUS. The functional capacity evaluation in this case is not medically necessary based on lack of medical necessity and lack of a sufficiently specific prescription.

### **1 Topical compound cream: lidocaine 6%, gabapentin 10%, ketoprofen 10% #180gm with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical cream.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60,111-113. Decision based on Non-MTUS Citation Topical analgesics.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker.

Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. This injured worker is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Note that topical ketoprofen is not FDA approved, and is not recommended per the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

**1 topical compound cream: flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5% 180gm with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical cream.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Pain chapter, Topical analgesics.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Two topical NSAIDs were dispensed simultaneously, which is duplicative and unnecessary, as well as possibly toxic. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical compounded medication prescribed for this injured worker is not medically

necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

**Ultram 50mg #100 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials. Tramadol (Ultram) Page(s): 77-81, 94, 80, 81, 60, 94, 113.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." There is no record of a urine drug screen program. The prescribing physician describes this patient as 'temporarily totally disabled', which fails the 'return-to-work' criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Motrin 800mg #100 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. Medications were given as a group, making determination of individual results impossible. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. The quantity prescribed implies long term use without adequate monitoring of results. The treating physician is prescribing both oral and

topical NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. The treating physician has not addressed the results of prior use of this and other NSAIDs, which is very relevant as the records show chronic prescribing of NSAIDs previously with no significant benefit. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit from past use, and prescription not in accordance with the MTUS and the FDA warnings.

**1 Follow up visit with range of motion measurement and addressing activities of daily living: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 177, 207, 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, office visits. Low back chapter, flexibility. Knee and Hand chapter, computerized testing.

**Decision rationale:** The ACOEM Guidelines, cited above, provide recommendations for the frequency of office visits for acute care. The Official Disability Guidelines, cited above, provide recommendations for office visits during treatment of chronic pain. Office visits should be scheduled 'as medically necessary' for chronic pain purposes. In this case, one office visit is medically necessary for general purposes of monitoring the painful conditions and formulation of a treatment plan in accordance with the MTUS. This has not occurred yet. At the initial visit, the treating physician performed a range of motion test different from the usual physical examination. This very possibly was a 'computerized' range of motion test. The request for Independent Medical Review does not define what is meant by "range of motion measurement." It is presumed that the physician will repeat what he has already done at the first visit. The ACOEM Guidelines in each of the body part chapters describes the necessary components of the physical examination, and nowhere is a computerized method mentioned or recommended. The Official Disability Guidelines sections cited above note the lack of necessity for any of this kind measurement. Physicians can assess range of motion using the usual, manual and visual techniques that are an integral part of medical practice and which are not separate procedures. The same is true for assessment of activities of daily living. The physician is expected to incorporate such measures into the usual office visits and no separate procedures are required. As such, the request for separate evaluations of range of motion and activities of daily living during an office visit is not medically necessary.