

Case Number:	CM15-0022690		
Date Assigned:	02/12/2015	Date of Injury:	08/15/2013
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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: California

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 male, who sustained an industrial injury on 03/45/2013. On provider visit dated 01/08/2015 the injured worker has reported increased pain. On examination he was noted to have grossly normal lumbar lordosis, tenderness on palpation of the right quadratus lumborum. The diagnoses have included degenerative disc disease lumbar, right greater than left quadratus lumborum strain and paresthesias. Treatment to date has included Flector Patch two patches q 12 hours. Treatment plan included functional capacity evaluation. On 01/22/2015 Utilization Review non-certified functional capacity evaluation and Flector patches. The CA MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-138.

Decision rationale: The requested Functional capacity evaluation is not medically necessary. "The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace. As with any behavior, an individual's performance on an FCE is probably influenced by multiple non-medical factors other than physical impairments." The injured worker has increased pain. The treating physician has documented grossly normal lumbar lordosis, tenderness on palpation of the right quadratus lumborum. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional capacity evaluation is not medically necessary.

Flector patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

Decision rationale: The requested Flector patches, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID have the potential to raise blood pressure in susceptible patients. The injured worker has increased pain. The treating physician has documented grossly normal lumbar lordosis, tenderness on palpation of the right quadratus lumborum. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector patches are not medically necessary.