

Case Number:	CM15-0027672		
Date Assigned:	02/20/2015	Date of Injury:	08/14/2014
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 58-year-old male who has reported low back pain after a pulling injury on 08/14/2014. The diagnoses have included LS sprain, spondylolisthesis, and left L5 radiculopathy. Treatments to date have included lumbar epidural injections, physical therapy, and medications. Reports from the prior treating physician reflect low back pain treated with ibuprofen, epidural steroid injection, physical therapy, and a recommendation for surgery. The requests now under Independent Medical Review originate from an initial evaluation by the current primary treating physician on 1/27/15. That report mentions ongoing low back, left leg, and buttock pain. There was a brief mention of "irritated and dry skin" on the hands due to "chemical exposure at work." The blood pressure was slightly elevated. The treating physician reported requesting a dermatology consultation due to skin on bilateral hands being dry and irritated secondary to chemical exposure. A "Dermatology AOE/COE" was listed in the treatment plan along with the other items now under Independent Medical Review. The work status was modified. On 2/4/15 Utilization Review non-certified a Functional Capacity Evaluation, Naproxen 550mg #60, Cyclobenzaprine/Tramadol Cream, a TENS-EMS 1 month home-based trial, Chiropractic treatment x12, and a Dermatology consultation. 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:

Initial Functional Capacity Evaluation: Upheld

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

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) Fitness for Duty chapter, Functional capacity evaluation and Other Medical Treatment Guidelines 2nd Edition, (2004) Chapter 7, Pages 137-8, discussion of IME recommendations (includes functional capacity evaluation).

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.

Naproxen 550 MG #60: Upheld

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

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. Multiple medications were prescribed at the initial visit, which is not compliant with this recommendation. The physician did not adequately address the prior use of NSAIDs, results of use, and ongoing use of ibuprofen. The blood pressure was elevated and a long course of NSAIDs would not be indicated unless clearly required, which it was not in this case. 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. There was no evidence of a flare-up, no evidence of an acetaminophen trial, and no evidence that treatment was to be short term only. The quantity prescribed implies use for a month at least. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit from prior use of NSAIDs, and prescription not in accordance with the MTUS and the FDA warnings.

Cyclo/Tramadol Cream: Upheld

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

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 Official Disability Guidelines (ODG) 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. Topical muscle relaxants are not recommended per the MTUS. There is no good evidence to support the topical tramadol. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, and the Official Disability Guidelines citation.

Neurostimulator TENS-EMS (1 Month Home-Based Trial): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain. Neuromuscular electrical stimulation Page(s): 114-117, 121.

Decision rationale: No physician reports address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. EMS is "not recommended" for chronic pain per the MTUS. Given the lack of clear indications in this injured worker (primary reason), the lack of any clinical trial or treatment plan per the MTUS, and the MTUS recommendation against EMS, this unit is not medically necessary.

12 Chiropractic Treatments for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The current prescription (for 12 visits) is in great excess of what the MTUS recommends for chiropractic care as an initial trial. Therefore the prescription is not medically necessary as it would result in attendance at many visits beyond the MTUS-recommended trial of care prior to any determination of the necessary functional improvement.

Dermatology Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-33.

Decision rationale: There is not enough information presented to show medical necessity for this referral. There is an insufficient accounting of the relevant signs and symptoms. The only signs or symptoms are those of dry and irritated skin attributed by the injured worker to chemical exposure. There is no history or specific physical examination. Medical necessity for any referral, test or treatment should be supportable from the available reports. Necessary information should include the relevant signs and symptoms, including the duration of symptoms, other relevant medical history, aggravating and relieving factors, and circumstances of onset. A basic physical exam should be included. The MTUS citation above provides detailed

recommendations for evaluation of occupational injuries, including chemical exposures. In this case, this kind of information is not presented. For these reasons, the referral is not medical necessary.