

Case Number:	CM15-0037848		
Date Assigned:	03/06/2015	Date of Injury:	12/01/2014
Decision Date:	04/16/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/27/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old female sustained an industrial injury on 12/1/14. She subsequently reports ongoing low back pain. Diagnoses include lumbar disc displacement without myelopathy and sciatica. Treatments to date have included prescription pain medications. On 1/26/15, Utilization Review non-certified a request for Functional capacity evaluation (FCE), Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180mg with 2 refills and Flurbiprofen 15%, Cyclobenzaprine 2%, baclofen 2%, Lidocaine 5%, 180mg with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM - Chapter 7: Independent Medical Examinations and Consultations pages 137-138; Official Disability Guidelines (ODG) - Fitness for Duty chapter, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: Based on the 1/7/15 progress report provided by the treating physician, this patient presents with constant to severe lumbar spine pain radiating down the left leg, described as dull and sharp alternately, and aggravated by bending. The treater has asked for functional capacity evaluation--FCE--on 1/7/15. The request for authorization was not included in provided reports. The patient is s/p an injury to her lumbar spine in 1986, after which an MRI revealed disc pathology and she underwent an epidural steroid injection and physical therapy per 1/7/15 report. 4 months ago, the patient developed pain in her right shoulder/hand, and was told by her primary care physician she may have tennis elbow per 1/7/15 report. The patient has not had prior functional capacity evaluations per review of reports from 1/7/15 to 1/20/15. The patient is temporarily totally disabled until 3/7/15, and has not worked since 12/2/14. Regarding functional capacity evaluations, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pg 137-138, states: Opinion about current work capability and, if requested, the current objective functional capacity of the examinee. The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In this case, the treater does not indicate any special circumstances that would require a functional capacity evaluation. There is no description of the job to determine why the physical demands would be potentially unsafe and how information from FCE is crucial for the patient's return to work. Routine FCE's are not supported by the guidelines. The request IS NOT medically necessary.

Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain chapter; Official Disability Guidelines (ODG) - Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 1/7/15 progress report provided by the treating physician, this patient presents with constant to severe lumbar spine pain radiating down the left leg, described as dull and sharp alternately, and aggravated by bending. The treater has asked for LIDOCAINE 10%, GABAPENTIN 10%, KETOPROFEN 10%, 180MG WITH 2 REFILLS on 1/7/15. The requesting progress report on 1/7/15 states: apply a thin layer to affected area twice daily as directed by physician. The request for authorization was not included in provided reports. The patient is s/p an injury to her lumbar spine in 1986, after which an MRI revealed disc pathology and she underwent an epidural steroid injection and physical therapy per 1/7/15 report. 4 months ago, the patient developed pain in her right shoulder/hand, and was told by her primary care physician she may have tennis elbow per 1/7/15 report. The patient has not had prior functional capacity evaluations per review of reports from 1/7/15 to 1/20/15. The patient is temporarily totally disabled until 3/7/15, and has not worked since 12/2/14. The MTUS has the following regarding topical creams (p111, chronic pain section): Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. The patient does not have prior use of a topical cream per review of reports. The patient does have elbow pains for which topical analgesic may be indicated, but not for other conditions. Topical NSAIDs are not recommended for spinal, shoulder or neuropathic conditions. Given the lack of documentation as to where the cream is to be used, the request IS indicated. Additionally, this topical cream contains Lidocaine and MTUS does not support any formulation of Lidocaine other than a patch. The request for the compounded cream IS NOT medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, baclofen 2%, Lidocaine 5%, 180mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain chapter; Official Disability Guidelines (ODG) - Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Salicylate Page(s): 111-113, 105.

Decision rationale: Based on the 1/7/15 progress report provided by the treating physician, this patient presents with constant to severe lumbar spine pain radiating down the left leg, described as dull and sharp alternately, and aggravated by bending. The treater has asked for FLURBIPROFEN 15%, CYCLOBENZAPRINE 2% BACLOFEN 2%, LIDOCAINE 5%, 180G WITH 2 REFILLS on 1/7/15. The requesting progress report on 1/7/15 states: apply a thin layer to affected area twice daily as directed by physician. The request for authorization was not included in provided reports. The patient is s/p an injury to her lumbar spine in 1986, after

which an MRI revealed disc pathology and she underwent an epidural steroid injection and physical therapy per 1/7/15 report. 4 months ago, the patient developed pain in her right shoulder/hand, and was told by her primary care physician she may have tennis elbow per 1/7/15 report. The patient has not had prior functional capacity evaluations per review of reports from 1/7/15 to 1/20/15. The patient is temporarily totally disabled until 3/7/15, and has not worked since 12/2/14. The MTUS has the following regarding topical creams (p111, chronic pain section): Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS further states: Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. The patient does not have prior use of a topical cream per review of reports. This compounded topical cream contains Flurbiprofen, Cyclobenzaprine, Baclofen, and Lidocaine. MTUS states Cyclobenzaprine and Baclofen are muscle relaxants and are not supported for any topical formulation. In addition, the topical cream also contains Lidocaine and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the whole compounded topical product is not recommended. The request IS NOT medically necessary.