

Case Number:	CM15-0039267		
Date Assigned:	03/09/2015	Date of Injury:	09/23/2014
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 55 year old male, who sustained an industrial injury on 09/23/2014. He reported slipping off a ladder and injured left shoulder, hand, and knee. The injured worker was diagnosed as having left shoulder impingement syndrome, enthesopathy of wrist and carpus, left knee tendinitis of knee, and left knee enthesopathy. Treatment to date has included physical therapy and medications. In a progress note dated 11/10/2014, the injured worker presented with complaints of continuous left shoulder, left hand/wrist, and left knee pain. The treating physician reported prescribing a compound cream to use three times a day as needed and to obtain initial functional capacity evaluation for the left shoulder, wrist, and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE) for the left shoulder, wrist, and knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.
Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent medical Examinations and Consultations page 132-139 and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: ACOEM guidelines state, "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." Progress notes by the treating physician provide no indication that additional delineation of the patient's capabilities are necessary. ODG further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program." "An FCE is time-consuming and cannot be recommended as a routine evaluation." "Consider an FCE if 1. Case management is hampered by complex issues such as; Prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate; close or at MMI/all key medical reports secured, additional/secondary conditions clarified." The medical documents provided do not indicate that the above criteria were met. As such, the request for functional capacity evaluation is deemed not medically indicated.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine %5 cream 30g prn, 180g, and Flubiprofen 20%, Baclofen 10%, Dexamathasone 20% 30g tid 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Baclofen is "Not recommended." MTUS also states that topical Gabapentin is "Not recommended." and further clarifies, that there is no evidence for use of any anti-epilepsy drug as a topical product. As noted above if one drug is not recommended then the compounded product cannot be recommended. As such the request for compounded topical Gabapentin 10%, Amitriptyline 10%, Bupivacaine %5 cream 30g prn, 180g, and Flubiprofen 20%, Baclofen 10%, Dexamathasone 20% cream are deemed not medically necessary.