MAXIMUS Federal Services

Case Number:	CM15-0041199		
Date Assigned:	03/11/2015	Date of Injury:	10/06/2005
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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:

The injured worker is a 61-year-old female who sustained a work related injury while lifting an ice cream bucket, weighing approximately 25 pounds, and experienced sharp pain to the low back, October 6, 2005. According to a primary treating physician's progress report, dated December 17, 2014, the injured worker presented with complaints of frequent to severe low back pain, 8/10, radiating to the left leg with numbness, tingling and weakness. Diagnoses are documented as lumbago; lumbar facet hypertrophy; lumbar radiculitis; and lumbar sprain/strain. Treatment plan included Robaxin and request for authorization of Flector Patch and additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 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 Official Disability Guidelines (ODG), Functional Capacity Evaluations Section.

MAXIMUS guideline: Decision based on Non-MTUS Citation Functional Capacity Evaluation: ACOEM guidelines, Chapter 7, p137-139.

Decision rationale: According to the 12/17/2014 report, this patient presents with, frequent severe to 8/10 sharp low back pain radiating to leg with numbness, tingling and weakness." The current request is for Initial functional capacity evaluation (FCE) but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 12/17/2014 and the utilization review letter in question is from 02/19/2015. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace."In this case, the treating physician does not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The request IS NOT medically necessary.

Lidoderm 5%, one unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topical lidocaine Page(s): 56-57, 112.

Decision rationale: According to the 12/17/2014 report, this patient presents with "frequent severe to 8/10 sharp low back pain radiating to leg with numbness, tingling and weakness." The current request is for Lidoderm 5%, one unit. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. The provided medical reports show the patient has lumbarl neuropathic pain but this is not a localized condition. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The current request IS NOT medically necessary.

Robaxin 500 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 12/17/2014 report, this patient presents with "frequent severe to 8/10 sharp low back pain radiating to leg with numbness, tingling and weakness". The current request is for Robaxin 500 mg, ninety count. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement". A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Robaxin #90 and this medication was first noted in the 11/05/2014 report. Robaxin is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.