

Case Number:	CM15-0054434		
Date Assigned:	03/30/2015	Date of Injury:	11/26/2014
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained a work/ industrial injury on 11/26/14. She has reported initial symptoms of head, neck and shoulder pain. The injured worker was diagnosed as having cervical spine strain, neck pain, left trapezius strain, and right trapezius strain. Treatments to date included medication, topical patches, and diagnostics and modified duty. Magnetic Resonance Imaging (MRI) was performed on 1/7/15 and 2/6/15. Computed Tomography (CT) scan was performed on 12/17/14. X-rays were performed on 11/26/14. Currently, the injured worker complains of headaches, tinnitus in the right ear, occasional balance problems, memory issues, frequent sharp shooting pain in neck radiating occasionally to the shoulder blades. There was crackling in the neck. There was stress and anxiety. The treating physician's report (PR-2) from 2/24/15 indicated left shoulder is higher, neck and head is slightly to the right. There is tenderness along the left cervical spine, left upper trapezius, and left paracervical muscle, impingement to left shoulder. On 2/27/15 request was for topical cream for pain. Treatment plan included Initial Functional Capacity Evaluation, one month TENS unit trial, and Cyclo-Tramadol cream.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Functional Capacity Evaluation, pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Functional capacity evaluations Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening or work status aside from therapy notes are provided. As a result, a functional capacity evaluation for the dates in question is not medically necessary.

One month TENS unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Criteria for use of TENS Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The frequency and location of application was not specified. The request for a TENS unit is not medically necessary.

Cyclo-Tramadol cream (dosage/quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.