MAXIMUS Federal Services

Case Number:	CM15-0054616		
Date Assigned:	03/30/2015	Date of Injury:	12/12/2014
Decision Date:	05/05/2015	UR Denial Date:	03/14/2015
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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old female, who sustained an industrial injury on 12/12/2014. The current diagnoses are cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, and thoracic spondylosis without myelopathy, partial tear of the rotator cuff tendon of the right shoulder, bursitis and tendinitis of the left shoulder, carpal tunnel syndrome, and tendinitis/bursitis of the hands/wrists. According to the progress report dated 2/19/2015, the injured worker complains of pain in the cervical spine, bilateral shoulders, bilateral wrists/hands, lumbar spine, and thoracic spine. The current medications are Flexeril. Treatment to date has included medication management, MRI of the right shoulder, and 11 physical medicine sessions. The plan of care includes functional capacity evaluation, lumbar support orthotics, open 3D MRI of the cervical/lumbar spine, and compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Qualified Functional Capacity Evaluation is not medically necessary.

Lumbar Support Orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. Lumbar Support Orthosis is not medically necessary.

Compound Medications, Lidocaine 6%, Gabapentin 10%, And Ketoprofen 10% 180gm with 2 refills and Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, And lidocaine 5% 180gm with 2-refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen, lidocaine (in creams, lotions or gel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Compound Medications, Lidocaine 6%, Gabapentin 10%, And Ketoprofen 10% 180gm with 2 refills and Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, And lidocaine 5% 180gm with 2-refills is not medically necessary.