MAXIMUS Federal Services

Case Number:	CM15-0080898		
Date Assigned:	05/01/2015	Date of Injury:	10/08/2010
Decision Date:	06/10/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York
Certification(s)/Specialty: Emergency 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:

This 47 year old female sustained an industrial injury to the low back on 10/8/10. Previous treatment included lumbar fusion and medications. In a Doctor's First Report of Occupational Injury dated 3/30/15, the injured worker reported that her symptoms back pain, bilateral hip pain, depression and anxiety. Physical findings revealed bilateral paraspinal muscle spasm with decreased range of motion, positive straight leg raise and bilateral hip tenderness. Additionally, there was decreased motor strength on the right lower extremity, decrease sensation to the right leg. Current diagnoses included history of lumbosacral spine disc protrusions, status post lumbar fusion with residuals, bilateral hip sprain/strain versus lumbar spine radiculitis and situational depression. The IW remained temporarily total disabled. On 4/9/2015, Utilization non-certified requests for topical analgesia combinations (Gabapentin/Amitriptyline/bupicaine cream and Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin), 12 visits of physical therapy, purchased of interferential Unit, hot and cold unit and a functional capacity evaluation. Request for radiograph of lumbosacral spine, EMG/NCV of the bilateral lower extremities, were certified. CA MTUS was cited in support of these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/amitriptyline/bupivacaine cream 210gm: 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: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that in not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Flurbiprofen/baclofen/dexamethasome/menthol/camphor/capsaicin cream 210gm: 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 Analgesia Page(s): 111-113.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that in not recommended is not recommended." One of the included compounds in the requested medication is baclofen. MTUS guidelines states that baclofen is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Physical therapy 2 x 6 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is the assumed this request is for first time physical therapy evaluation and treatment. Documentation does not support the IW has previously undergone

such treatments. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. A trial of 6 visits over 2 weeks with evidence of functional improvements is recommended. The request for 12 visits exceeds this recommendation. The request for 2x 6 physical therapy treatments is not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: Ca MTUS guidelines state interferential stimulation is "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Chart documentation does not support the IW is in an exercise program and remains TTD. Without documentation to support an inclusive program of treatments, the request for an interferential unit is not medically necessary.

Hot and cold unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back - ODG cold/heat packs.

Decision rationale: CA MTUS is silent regarding this topic. ODG recommends heat packs in the setting of acute pain. The documentation supports the IW has ongoing, chronic back pain. There is no documentation to support the IW has ever used heat as a modality to treat her injuries, either at home or under the care of a therapist. Without this documentation to support previous use and efficacy, the request to purchase a heating pad is not medically necessary.

Physical performance-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 132 - 139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: According to ODG guidelines, functional capacity evaluation is "recommended prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job." It is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The documentation does not support the IW's progress is approaching return to work status. The IW continues to report increasing pain despite multiple treatment approaches. There is no documentation of decreased reliance on medications. The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation, cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The request for a functional capacity evaluation is not medically necessary.