

Case Number:	CM14-0146510		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2001
Decision Date:	10/16/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 23, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounded medications; dietary supplements; and reported return to some form of work. In Utilization Review Report, dated August 23, 2014, the claims administrator denied a request for baseline functional capacity evaluation, DNA testing, various dietary supplements and various topical compounds. The applicant's attorney subsequently appealed. In a progress noted dated August 29, 2014, the applicant reported persistent complaints of low back pain, radiating to left leg, reportedly worsened after day's work. The applicant reportedly had minimum pain on weekends, however. 4/10 pain with medications was apparently appreciated versus 10/10 pain without medications. The applicant was overweight with a BMI of 28. The applicant was having heightened neuropathic complaints. Gabapentin was endorsed for the same. The applicant was asked to start Sentra, continue Theramine, continue Norco, continue tramadol and continue topical compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Baseline 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 Guidelines, Chapter 7, Independent Medical Examinations and Consultations and Official Disability Guidelines (ODG), Fitness for Duty Chapter, Procedure Summary, Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21..

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions. In this case, however, the applicant has already returned to work. It is not clear why a formal functional capacity evaluation is needed to quantify the applicant's impairment. Therefore, the request is not medically necessary.

1 Saliva DNA test: 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), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for Pain topic. Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing for pain is deemed "not recommended." In this case, the attending provide failed to document any compelling applicant-specific rationale or narrative commentary to the request for authorization, which would offset the unfavorable MTUS position on the article at issues. Therefore, the request is not medically necessary.

1 prescription of Gabadone #60: 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), Pain Chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: While the MTUS does not address the topic, the Third Edition ACOEM Guidelines note that dietary supplements, complementary treatments, and/or alternative treatments such as Gabadone are "not recommended" in the treatment of chronic pain as they have not demonstrated to have any meaningful outcomes in the management of the same. Therefore, the request is not medically necessary.

1 prescription of Theramine #20: 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), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: While the MTUS does not address the topic, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefit or favorable outcomes in the treatment of the same. Therefore, the request is not medically necessary.

1 prescription of Fluriflex ointment 240gm #1: Upheld

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

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

Decision rationale: One of the ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, tramadol etc., effectively obviates the need for the topical compounded drug at issue. Therefore, the request is not medically necessary.