

Case Number:	CM14-0178926		
Date Assigned:	11/03/2014	Date of Injury:	12/03/2008
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 American Board Internal 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 injured worker (IW) is a 36-year-old man with a date of injury of December 3, 2008. The mechanism of injury was repetitive bending, stooping, heavy lifting, and loading/unloading boxes. The IW was diagnosed with chronic pain, lumbosacral spondylosis without myelopathy, displacement of the lumbar intervertebral disc without myelopathy, thoracic or lumbar neuritis or radiculitis unspecified and sprained lumbar region. Pursuant to the progress report dated September 10, 2014, the IW had complaints of frequent severe low back pain, left greater than right, radiating to the left buttocks, left knee, left ankle and lateral left foot with constant tingling and numbness in the same area as the pain. He also had weakness of the left lower extremity with giving way. He had moderate difficulty with staying asleep or getting comfortable. On examination, the IW was noted to have an antalgic gait. There was evidence of mild increased thoracic kyphosis. There was tenderness along the lumbar paravertebral muscles and sacroiliac (SI) joints. The left shoulder was slightly higher. There was pain in the lumbar spine with incomplete squat. There was decreased sensation in the lateral greater than medial left thigh, and lateral greater than medial left leg, and lateral greater than dorsomedial left foot. There was 5 degree valgus of the knees. There was crepitus of the knees. The patellar-grinding test was 1+. There was tenderness of the medial left metatarsal. The physician recommended a functional capacity evaluation, TENS unit and topical cream. The IW also takes Naproxen 550mg. In a check the box format, the physician indicates functional change since last visit: No change. The provider indicated that the IW had physical therapy in the past, but documents the IW refuses additional therapy. According to the note dated September 10, 2014, there is a request for psychologist/psychiatrist to rule-out dependency and verify Norco addiction.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

Decision rationale: Pursuant to the ACOEM practice guidelines, the functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results of functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee's tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. It may be necessary to obtain a more precise delineation of the patient's capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. In this case, the patient had complaints of constant to frequent severe pain in the lower back, left greater than right, radiating to the left buttock, left knee, left ankle, left lateral foot with constant tingling and numbness in the same area of the pain. There were complaints of weakness of the left lower extremity; difficulty staying asleep; tenderness of the lumbar paravertebral muscles and sacroiliac joints. The documentation, however failed to include documentation of controversy for work capabilities and restrictions or that the work requested of the injured worker exceeded his limitations that could in turn further injure or create a hazard. Consequently, the initial functional capacity evaluation is not medically necessary.

Gaba Keto Lido topical cream 240gm: 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): 111-113. Decision based on Non-MTUS Citation Pain Chapter, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gaba-keto-Lido cream 240 g is not medically necessary. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are 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. Ketoprofen is not FDA approved. Gabapentin is not recommended. In this case, the treating physician requested Gaba-

Keto-lido cream. Ketoprofen and gabapentin are not recommended. Any compounded product that contains at least one drug (ketoprofen and gabapentin) that is not recommended, is not recommended. Consequently, Gaba-Keto-Lido cream 240gm is not medically necessary.

One month trial rental, TENS-ems with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG); Pain Chapter, TENS Unit Criteria

Decision rationale: Pursuant to the Official Disability Guidelines, one month trial rental, TENS unit with supplies is not medically necessary. The guidelines provide the criteria for use of TENS. These criteria include, but are not limited to, documentation of pain at least three months duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; and a treatment plan including specific short and long-term goals of treatment the TENS unit. In this case, the documentation does not support a TENS trial. The medical record documentation is limited, however, a check the box format progress note indicates functional/change since last examination: no change. The documentation suggests the injured worker may have received physical therapy, however, the total number of sessions is unclear from the documentation. The documentation does not provide specific short and long-term goals of treatment with a TENS unit. Consequently, the ODG criteria are not met in its entirety. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the one-month trial rental TENS unit with supplies is not medically necessary.