

Case Number:	CM14-0095532		
Date Assigned:	07/25/2014	Date of Injury:	10/15/2011
Decision Date:	09/18/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 is a 54 year-old female with a reported date of injury on 10/15/2011. The injury reportedly occurred when the injured worker was opening the door to the dryer and felt a pop and immediate pain in the right shoulder. Her diagnoses were noted to include right shoulder status post-surgery, cervical radiculopathy, cervical degenerative disc disease, lumbar degenerative disc disease, and myofascial pain. Her previous treatments were noted to include chiropractic care, physical therapy, a TENS unit, a home exercise program, acupuncture and medications. The progress note dated 05/21/2014 revealed complaints of right shoulder and neck pain. The injured worker indicated the chiropractic care was helping, and she also complained of numbness in the upper extremity, lower back, and neck. The injured worker indicated there were no gastric issues with medications, and that she was using her creams and TENS daily. The physical examination revealed the right shoulder range of motion abduction was to 100 degrees, with positive tenderness to palpation in the right shoulder. The Request for Authorization form dated 05/21/2014 was for a Functional Capacity Evaluation to define functional limitations and determine work capability. The Request for Authorization form was not submitted within the medical records. The request was for Chiropractic treatment, 6 sessions, for the cervical and lumbar spine, LidoPro for date of service 05/21/2014, and Naproxen for date of service 05/21/2014. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The injured worker has decreased range of motion to the shoulder. The Official Disability Guidelines recommend Functional Capacity Evaluation prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job. 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. Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests, and more research is needed. Functional Capacity Evaluations, as an objective resource for disability managers, is an invaluable tool in the return to work process. There are controversial issues such as assessment of endurance and inconsistency, or sub-maximum effort. The guidelines' criteria for performing an FCE are recommended pain prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about potential job to the assessor. Job-specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. The guidelines state timing is appropriate, such as at close or at maximum medical improvement/all key medical reports are secured, and additional/secondary conditions are clarified to not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. There is a lack of documentation regarding full current measurable functional deficits. There is a lack of documentation regarding a requested admission to a work hardening program to warrant a Functional Capacity Evaluation. Therefore, the request is not medically necessary.

Chiropractic treatment, 6 sessions for Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The injured worker has received previous chiropractic treatment sessions. The California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is

widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves the joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. The guidelines recommend for the low back, a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is a lack of documentation regarding objective functional improvement with the previous chiropractic treatments, and the number of sessions completed. Therefore, due to the lack of documentation regarding objective functional improvement and number of previous sessions completed, additional chiropractic treatment is not appropriate at this time. Therefore, the request is not medically necessary.

Lidopro for date of service 5/21/14: Upheld

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

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

Decision rationale: The request for LidoPro for date of service 05/21/2014 is not medically necessary. The injured worker has been utilizing this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend topical Lidocaine for neuropathic pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. LidoPro cream is not indicated by the guidelines due to orphan status by the FDA for neuropathic pain. Additionally, there is lack of documentation regarding the efficacy of this medication, and the request failed to provide the frequency at which this medication will be utilized. Therefore, the request is not medically necessary.

Naproxen for date of service 5/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for naproxen for date of service 05/21/2014 is not medically necessary. The injured worker complains of neck, low back, and shoulder pain. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. There is no evidence to recommend 1 drug in this class over another based on efficacy. The guidelines recommend NSAIDs as a second-line treatment after acute acetaminophen for acute exacerbation of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs or short term symptomatic relief for chronic low back pain. A review of the literature on drug relief for low back pain suggested NSAIDs were no more effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants. There is a lack of documentation regarding efficacy of this medication. The guidelines recommend short-term utilization of NSAIDs for low back pain. Additionally, the request failed to provide the frequency and dosage for which this medication is to be utilized. Therefore, the request is not medically necessary.