

Case Number:	CM14-0219360		
Date Assigned:	01/09/2015	Date of Injury:	09/01/2014
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 62 year old female, who sustained an industrial injury on 09/01/2014. She had reported an injury to her low back. The diagnoses have included lumbago and lumbar spine radiculitis/neuritis. Treatment to date has included physical therapy, hot and cold packs, steroid injection, and medications. Diagnostics to date have included urine drug screen on 10/22/2014 which detected noroxycodone, oxycodone, and oxymorphone. CT of the lumbar spine on 09/26/2014 showed post-surgical changes compatible with L3-S1 posterior fusion and degenerative changes with multilevel neural foraminal narrowing. Currently, the IW complains of continuous dull and burning pain in the low back radiating to posterior aspect of both hips. The physician stated the pain is accompanied with occasional numbness, weakness in right leg, and tingling in both legs. On 12/04/2014, the injured worker submitted an application for IMR for review of Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base to apply a thin layer TID (three times daily) of 30g as needed, 180g, Flubiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base to apply a thin layer TID of 30g as needed, 180g, and Functional Capacity Evaluation. On 12/11/2014, Utilization Review non-certified the above request noting the injured worker is taking Percocet, Motrin, and Zanaflex and there is no discussion as to why there is a need for additional topical analgesics. Regarding the Functional Capacity Evaluation, there is no documentation of any failure of return to work attempts and no discussion regarding the reason for the evaluation. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, and Bupivacaine 5%, in cream base to apply a thin layer 3 times a day of 30g as needed, 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details 'primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 'There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. *Anesthesiology*. 2005;103:140-6) and find that this randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups. MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS states that topical Gabapentin is 'Not recommended.' And further clarifies, 'antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product.' As noted above all three of the component medications in this compound are either not recommended or not indicated in this case. As such this request for compounded topical medication is deemed not medically necessary.

Flurbiprofen 20%, Baclofen 10% and Dexamethasone 2%, in cream base to apply a thin layer 3 times a day of 30g as needed, 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details 'primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 'There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS directly and clearly states that topical

Baclofen is 'Not recommended.'As stated above; if one drug component is not recommended then the compounded product is not recommended.The request for this compound topical medication is deemed not medically necessary.

Physical performance test quantity 1 (Functional Capacity Evaluation): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21,Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation) Fitness for duty, Functional Capacity Evaluation (FCE)

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case.ACOEM states, 'Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The treating physician does not indicate what medical impairments this individual has which he has difficulty with assessing that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more 'general' and not advised by guidelines. ODG further states, Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured.

Additional/secondary conditions clarified.Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines. The treating physician is not specific with regards to MMI. As such, the request for a Functional Capacity Evaluation is deemed not medically necessary.