MAXIMUS Federal Services

Case Number:	CM14-0092811		
Date Assigned:	07/25/2014	Date of Injury:	02/28/2014
Decision Date:	06/12/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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: Pennsylvania
Certification(s)/Specialty: Internal 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:

The injured worker is a 44 year old female who sustained an industrial injury on February 28, 2014. She reported cumulative trauma injury to her hands, wrists, elbows, neck, lower back, and both legs, with eye pain and nose bleeds from exposure to very hot temperatures and steam going in her eyes. The injured worker was diagnosed as having lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, carpal tunnel syndrome (median nerve entrapment at the bilateral wrists), tendinitis/bursitis of the bilateral hands/wrists, lateral epicondylitis of the bilateral elbows, bilateral calcaneal spurs, plantar fasciitis, cervical sprain/strain, eye pain, and nosebleeds. Treatment to date has included physical therapy and medication. At a visit on 3/31/14, it was noted that the injured worker was not working with work status of temporarily totally disabled. It was noted that the injured worker was not working because she was fired, with the last day worked noted as 2/28/14. Normal upper extremity reflexes, sensation, and muscle testing were noted. Normal lower extremity sensation and muscle testing were noted; bilateral decreased Achilles reflexes were noted. Physical therapy was prescribed. At a visit on 4/21/14, it was noted that the injured worker had completed 3 sessions of physical therapy with functional improvement demonstrated by increased activities of daily living noted as able to wash light dishes and cook, and increased range of motion of the left wrist. At a visit on May 14, 2014, the injured worker complains of constant moderate to severe lumbar spine pain, frequent moderate to severe eye pain with burning, redness, and tearing, bilateral wrist and hand aching with numbness in all fingers, moderate aching pain in the bilateral elbows, intermittent moderate dull pain in the bilateral ankles and feet with numbness in the soles of her feet, frequent nosebleeds, constant slight aching pain in the cervical spine, and

constant moderate aching pain in the thoracic spine. It was noted that the injured worker had completed eleven sessions of physical medicine, and had reached a plateau in her recovery with therapy. Physical examination was noted to show +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral upper shoulder muscles, and bilateral suboccipital muscles, with shoulder depression test positive bilaterally. The bilateral paraspinal muscles from T1 to T8 were noted to have +3 spasm and tenderness, with +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1. Achilles reflex was decreased bilaterally. The bilateral lateral epicondyles were noted to have +4 spasm and tenderness, with +3 spasm and tenderness to the bilateral wrists, and +3 spasm and tenderness to the bilateral lateral malleoli and heels. The treatment plan was noted to include a program of work hardening/ conditioning for ten visits, prescribed medications including Tramadol and topical creams, 3D MRIs of the cervical spine and the lumbar spine, a Functional Capacity Evaluation (FCE), a psychosocial factors screen, a work hardening screening, and an electromyography (EMG)/ nerve conduction velocity (NCV) of the bilateral upper extremities. Work status remained temporarily totally disabled. On 6/3/14, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning/hardening QTY: 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation State of California Workers' Compensation Official Medical Fee Schedule, 1999 Edition, Pages 503-504.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

Decision rationale: The MTUS states that work conditioning and work hardening are recommended as an option, with specific criteria for admission. The treating physician is recommending Work Hardening, but has not provided a prescription which adequately addresses the requirements of the MTUS. The frequency, duration, content and intensity of the proposed Work Hardening/Work Conditioning program are not explained. Note the MTUS recommendations for an initial course of Work Hardening/Work Conditioning, and the expected duration, hours/day, and days/week. There was no documentation of a screening process with outcome that determines likelihood of success in the program. There is no evidence that the employer has an explicit agreement to return this patient to work contingent upon completion of a Work Hardening/Work Conditioning program. There is no evidence that the treating physician has consulted an employer-approved job/physical demands analysis prior to prescribing Work Hardening/Work Conditioning. Work Hardening/Work Conditioning is not medically necessary in this case because the treating physician has not provided the necessary components of the Work Conditioning program as recommended in the MTUS, and because the injured worker does not meet the necessary criteria listed in the MTUS.

Topical compounded medication, Lidocaine/Gabapentin/Tramadol, 6/10/10%, 180mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain p. 60 Topical analgesics p. 111-113 Page(s): 60, 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The provider has prescribed another compounded topical product containing lidocaine, which is duplicative and potentially toxic. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. Tramadol is a centrally acting synthetic opioid analgesic. The MTUS and ODG do not address tramadol in topical form. The provider has also prescribed oral tramadol, which is duplicative and potentially toxic. As multiple medications in this compounded topical product are not recommended, the product is not recommended. As such, the request for Topical compounded medication, Lidocaine/ Gabapentin/Tramadol, 6/10/10%, 180mg with 2 refills is not medically necessary.

Topical Compound medication, Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine, 15/2/2/5%, 180gm, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain p. 60 Topical analgesics p. 111-113 Page(s): 60, 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Flurbiprofen is a nonsteroidal anti-inflammatory drug (NSAID). Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are

amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical non-steroidal's are not recommended for neuropathic pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Baclofen is not recommended in topical form. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The provider has prescribed another compounded topical product containing lidocaine, which is duplicative and potentially toxic. As multiple medications in this compounded topical product are not recommended, the product is not recommended. As such, the request for Topical Compound medication, Flurbiprofen/Cyclobenzaprine/Baclofen/ Lidocaine, 15/2/2/5%, 180gm, with 2 refills is not medically necessary.

MRI 3D of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170-172, 177-179, 182, 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI neck and upper back chapter: MRI.

Decision rationale: The ACOEM guidelines regarding MRI of the lumbar spine state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Per the MTUS/ACOEM, for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, examination did not document dermatomal sensory loss or motor weakness. No electro-diagnostic testing was submitted. No red flags or consideration of surgery were documented. MRI of the cervical and lumbar spine are not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. As such, the request for MRI 3D of the cervical and lumbar spine

is not medically necessary.

Tramadol 50mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-77.

Decision rationale: The MTUS criteria for use of opioids includes establishment of a treatment plan, including trial of reasonable alternatives to treatment and assessment of likelihood of abuse or adverse outcome, attempt to determine if the pain is nociceptive or neuropathic, attempt to determine if there are underlying contributing psychological issues, failure of trial of non- opioid analgesics, baseline pain and functional assessment, setting of goals before the initiation of therapy, a pain related assessment and assessment of likelihood of weaning from opioids, at least one physical and psychological assessment, discussion of risks and benefits of use of controlled substances, consideration of a written consent or pain agreement for chronic use, and consideration of the use of a urine drug screen to assess for the use of illegal drugs. In this case, the request represents an initial request for tramadol, for this injured worker with chronic multifocal pain. The documentation indicates that the injured worker had undergone physical therapy, but no prior medication treatment was documented. There was no documentation of a treatment plan in accordance with the MTUS recommendations. Specifically, there was no documentation of failure of trial of non-opioid analgesics, treatment related goals, baseline pain and functional assessment, psychological assessment, or discussion of the risks and benefits of controlled substances. Due to lack of presence of a treatment plan in accordance with the MTUS, the request for tramadol is not medically necessary.

1 Functional Capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations; Guidelines for Performing an FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty chapter: functional capacity evaluation.

Decision rationale: Per the ODG, functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. FCE is not recommend 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 current request does not meet this recommendation, as there was no

documentation of job-specific use. Although a work hardening program was requested, the work hardening program has been determined to be not medically necessary. As such, the request for functional capacity evaluation is not medically necessary.

Work hardening screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation State of California Workers' Compensation Official Medical Fee Schedule, 1999 Edition, Pages 503-504.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126.

Decision rationale: The MTUS states that work conditioning and work hardening are recommended as an option, with specific criteria for admission. Approval of these programs requires a screening process that includes file review, interview and testing to determine likelihood of success in the program. A functional capacity evaluation may be required, and the evaluation should demonstrate capacities below an employer-verified physical demands analysis. Criteria for admission to a work hardening program include a defined return to work goal agreed to by the employer and the employee, with a documented specific job to return to with job demands that exceed abilities, or documented on-the-job-training. There is no evidence that the employer has an explicit agreement to return this patient to work contingent upon completion of a Work Hardening/Work Conditioning program. It was noted that the injured worker was not working because she was fired, with the last day worked noted as 2/28/14. Due to lack of a defined return to work goal agreed to by the employer and the employee, the request for work hardening screening is not medically necessary.