

Case Number:	CM15-0171430		
Date Assigned:	09/11/2015	Date of Injury:	01/21/2015
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 23 year old male, who sustained an industrial injury on January 21, 2015. He reported low back pain. The injured worker was diagnosed as having lumbar sprain and strain rule out degenerative disc disease, left buttocks pain, left leg pain, left hip pain and myofascial pain. Treatment to date has included diagnostic studies, chiropractic care, home exercise plans, acupuncture, TENS unit, electrodiagnostic studies, medications and work restrictions. Currently, the injured worker continues to report low back pain radiating to the left lower extremity with associated "electrical" pain, numbness and weakness. It was also noted he had mild depression associated with ongoing pain. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on June 11, 2015, revealed continued pain rated at 4 on a 1-10 scale with 10 being the worst. It was noted the Lidpro and Naproxen were helping with pain. Evaluation on July 31, 2015, revealed continued pain as noted. He rated his pain at 5 on a 1-10 scale with 10 being the worst. It was noted his mood was poor. Acupuncture, chiropractic care, home exercise plan, TENS unit, medications including Lidopro and work restrictions were continued. The RFA included requests for Acupuncture, once a week for six weeks, Functional Capacity Evaluation and Lidopro #11 and was non-certified on the utilization review (UR) on August 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro #11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Lidopro #11 is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, topical lidocaine that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay, which contains menthol and methyl salicylate. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support Capsaicin or Lidocaine in this case. There are no extenuating circumstances in the documentation or evidence of functional improvement from prior Lidopro use. For these reasons, Lidopro is not medically necessary.

Acupuncture, once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture, once a week for six weeks is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that the patient has had prior acupuncture. There is no clear evidence of significant objective functional improvement from prior acupuncture. The request for 6 more sessions of acupuncture is not medically necessary.

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, Chapter 7, Page 137-138.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention.

Decision rationale: Functional Capacity Evaluation is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient 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. The ODG states that 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. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. The ODG states that an FCE should not be done when the sole purpose is to determine a worker's effort or compliance. The ODG states that 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. There are no documents revealing complex work issues. The documentation reveals that the patient has modified duty and is not working currently. The documentation reveals the employer cannot accommodate the modified restrictions. The documentation indicates that due to pain the patient does not believe he can return to full duty. The documentation does not reveal that the worker is actively participating to determine job suitability. The request for a functional capacity evaluation is not medically.