MAXIMUS Federal Services

Case Number:	CM15-0039009		
Date Assigned:	04/09/2015	Date of Injury:	11/22/2014
Decision Date:	05/18/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 35-year-old female who reported an injury on 11/22/2014 due to an unspecified mechanism of injury. On 03/19/2015, she presented for an evaluation regarding her work related injury. She reported pain at 3/10 in the cervical spine and thoracic spine and 2/10 in the lumbar spine. She noted the pain was 8/10 to 9/10 without the use of her medications. On examination, there was tenderness to palpation in the bilateral cervical paraspinals, suboccipital and upper trapezius, as well as spasms in these areas bilaterally. There was tenderness and spasm to palpation at the paraspinals and thoracic spine bilaterally. The lumbar spine showed tenderness to the bilateral paraspinals and quadratus lumborum. Range of motion was noted to be decreased with pain. She was diagnosed with cervical, thoracic, and lumbosacral sprain and strain with myofasciitis. It should be noted that the documentation provided was handwritten and illegible. The treatment plan was for the injured worker to continue her medications, attend physical therapy, undergo a Functional Capacity Evaluation, and x-rays, as well as urine drug screen and DNA testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the neck, thoracic and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for a Functional Capacity Evaluation is not supported. The California ACOEM Guidelines indicate that occasionally, a Functional Capacity Evaluations may be obtained. However, they do not address specific criteria for these evaluations. The Official Disability Guidelines indicate that Functional Capacity Evaluations are recommended prior to entering into a work hardening program. They are also indicated when the injured worker is close to MMI. The documentation submitted does not indicate that the injured worker has any of the required indications for undergoing a Functional Capacity Evaluation to support the medical necessity of this request. There was no indication that she was entered into a work hardening program or that she was close to MMI. Therefore, the request is not supported. As such, the request is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California/ACOEM Guidelines indicate that lumbar spine x-rays are not recommended in those with low back pain in the absence of red flags or serious pathology even if the pain has persisted for at least 6 weeks. The documentation submitted does not indicate that the injured worker had any evidence of significant pathology or red flag conditions that would support the medical necessity of an x-ray of the thoracic spine and lumbar spine. There is also no indication that she had tried and failed recommended conservative therapies. Without this, the request would not be supported. As such, the request is not medically necessary.

X-rays of the thoracic and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical baclofen and gabapentin are not recommended for use as there is a lack of evidence to support their use as a topical analgesic. The documentation submitted does not indicate that the injured worker has tried and failed recommended oral medications to support the

medical necessity of a topical analgesic. Also, the requested compound cream contains medications that are not supported by the guidelines for topical use. Furthermore, the frequency and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Topical compound: Flurbiprofen/Baclofen/Dexamethasone 240gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical baclofen and gabapentin are not recommended for use as there is a lack of evidence to support their use as a topical analgesic. The documentation submitted does not indicate that the injured worker has tried and failed recommended oral medications to support the medical necessity of a topical analgesic. Also, the requested compound cream contains medications that are not supported by the guidelines for topical use. Furthermore, the frequency and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Topical compound: Gabapentin/Amitriptyline/Bupivacaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical baclofen and gabapentin are not recommended for use as there is a lack of evidence to support their use as a topical analgesic. The documentation submitted does not indicate that the injured worker has tried and failed recommended oral medications to support the medical necessity of a topical analgesic. Also, the requested compound cream contains medications that are not supported by the guidelines for topical use. Furthermore, the frequency and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Cyclobenzaprine 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are recommended for the short term treatment of symptomatic low back pain. The documentation submitted fails to show that the injured worker had a quantitative decrease in pain or objective improvement in function with this medication to support its continuation. Also, the documentation provided indicates that the injured worker has been using this medication for a prolonged period of time and continuing would not be supported as it is only recommended for short term treatment. Furthermore, the frequency and quantity of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Urine Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that urine drug screens are recommended for those who are taking narcotic opioid medications and especially for those who display apparent drug taking behaviors or have a risk of dependence or evidence of misuse or abuse. The documentation submitted fails to show that the injured worker was at high risk for misusing his medications or abusing his medications or that she displayed any aberrant drug taking behaviors to support the request. Also, it is unclear when the injured worker had undergone his last urine drug screen and without this information, the request for an additional urine drug screen would not be supported. As such, the request is not medically necessary.

DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, DNA Pharmacogenentic Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic Testing.

Decision rationale: According to the Official Disability Guidelines, DNA testing to determine the risk of opioid addiction is not recommended. The documentation submitted does not state a clear rationale for the medical necessity of this request. There is no indication the injured worker has a history of misusing his medications or that he is at high risk for misusing his medications. Therefore, the requested DNA testing would not be supported. As such, the request is not medically necessary.