

Case Number:	CM15-0072921		
Date Assigned:	04/23/2015	Date of Injury:	09/25/2014
Decision Date:	06/25/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on September 25, 2014. The injured worker has been treated for back, buttock and hip complaints. The diagnoses have included lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy and bilateral hip sprain/strain. Treatment to date has included medications, acupuncture therapy and physical therapy. Current documentation dated March 12, 2015 notes that the injured worker reported constant severe pain in the thoracic spine, lumbar spine and bilateral hips. Examination of the thoracic and lumbar spine revealed tenderness to palpation, spasm and a painful and decreased range of motion. Orthopedic testing including a straight leg raise test, Kemp's test and a Yeoman's test were positive bilaterally. Examination of the bilateral hips revealed tenderness of the bilateral gluteus medius muscles and bilateral tensor fasciae muscle. Range of motion was noted to be painful and decreased. A Fabere's test and Anvil test were positive bilaterally. The treating physician's plan of care included a request for a function capacity evaluation, the medication Soma and the topical compounds: Lidocaine 6%/Gabapentin 10%/Ketoprofen and Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/ Lidocaine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% 180gm with 2 refills: 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 rationale: MTUS Guidelines are very specific regarding the appropriate use of topical analgesics. If a medication is not FDA and/or Guideline recommended for topical use the medication or any compound containing the medication is not recommended. With the compound the 3 active ingredients are not recommended in the MTUS Guidelines. Lidocaine 6% is not a supported strength or delivery system. Gabapentin is mentioned and not recommended in Guidelines. Ketoprofen is mentioned and not recommended in the Guidelines. The compounded Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% 180gm with 2 refills is not supported by Guidelines and is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180gm with 2 refills: 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 rationale: MTUS Guidelines are very specific regarding the appropriate use of topical analgesics. If a medication is not FDA and/or Guideline recommended for topical use the medication or any compound containing the medication is not recommended. With this compound the 4 active ingredients are not recommended in the MTUS Guidelines. Lidocaine 5% is not a delivery system. Muscle relaxants are mentioned and not recommended in Guidelines. Flurbiprofen 15% is not recommended in the Guidelines. The compounded Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180gm with 2 refills is not supported by Guidelines and is not medically necessary.

Soma 350mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: MTUS Guidelines devotes a separate section to Soma in addition to the section on muscle relaxants. The Guidelines are specific in stating that Soma is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Soma is not supported by Guidelines and 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 Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed, Chapter 7, Independent Medical Evaluations pages(s) 137, 138, ODG, Fitness for Duty, Functional Capacity Evaluations.

Decision rationale: MTUS Guidelines does not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.