

<b>Case Number:</b>	CM15-0075788		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 33 year old male who sustained an industrial injury on 9/1/2009. His diagnoses, and/or impressions, included: status-post lumbosacral surgery with 2 level disc replacement; depression; and anxiety. No current magnetic resonance imaging studies are noted. His treatments have included physical therapy; urine toxicology screenings; and medication management. Progress notes of 2/25/2015 noted a follow-up evaluation with complaints of radiating low back pain, slightly improved from his previous visit. The physician's requests for treatments were noted to include a physical performance functional capacity evaluation to ensure he can meet the physical demands of his occupation; and Tramadol and compound topical agent for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical performance 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 (ODG), Integrated treatment/Disability Duration Guidelines, Guidelines for performing an FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78, 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

**Decision rationale:** Regarding the request for Tramadol, Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient was prescribed Tramadol oral and topical on 2/25/15 for treatment of pain. The clinical rationale is not provided for why both formulation is indicated. Furthermore, there is no discussion regarding side effects and aberrant use with Tramadol. As such, the currently requested Tramadol is not medically necessary.

**Compound topical agent: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine and topical medications Page(s): 111-113.

**Decision rationale:** Regarding the request for Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% compound cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Thus these guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested topical formulation which contains Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% is not medically necessary.

**Compound topical agent: Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% 180gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical muscle relaxants and topical medications Page(s): 111-113.

**Decision rationale:** Regarding the request for Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% compound cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested compound cream containing cyclobenzaprine is not medically necessary.