MAXIMUS Federal Services

Case Number:	CM15-0077418		
Date Assigned:	04/29/2015	Date of Injury:	02/22/2014
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of February 22, 2014. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for functional capacity evaluation and several topical compounded medications. The claims administrator referenced a February 26, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 4, 2014, the applicant reported ongoing complaints of neck, shoulder, and low back pain. The applicant had comorbidities including diabetes, it was acknowledged. The applicant's medications included Mobic, Zestril, insulin, glipizide, Flexeril, Zyrtec, aspirin, Zantac, Zocor, and tramadol. Flexeril and unspecified topical compounded creams were endorsed. The applicant's work status was not furnished. In a medical-legal evaluation dated January 8, 2015, the medical-legal evaluator noted that applicant had a variety of pain complaints. The applicant was not working owing to multifocal pain complaints, it was acknowledged. In a questionnaire dated January 7, 2015, the applicant likewise suggested that she was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 308-310, 181-185. Decision based on Non-MTUS Citation ACOEM Guidelines, Second Edition (2004), guidelines page 48-49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: No, the request for a functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions in order to determine work capability, in this case, however, the applicant was off of work, on total temporary disability, it was acknowledged on an applicant questionnaire and medical-legal evaluation of early 2015. It was not clearly established or stated how a functional capacity evaluation would be beneficial in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 210gm: Upheld

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

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

Decision rationale: Similarly, the request for a gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals including Mobic, Flexeril, etc., effectively obviated the need for page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%, 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, non-steroidal anti-inflammatory drugs (NSAIDs).

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

Decision rationale: Similarly, the request for a flurbiprofen-baclofen-dexamethasone containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.