

<b>Case Number:</b>	CM14-0143998		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male with a 7/1/2011 date of injury. The exact mechanism of the original injury was not clearly described. There are no provider reports or imaging reports available for review. Diagnostic Impression: plantar fascial fibromatosis. Treatment to Date: medication management. A UR decision dated 8/11/14 denied the request for initial functional capacity evaluation. There is no evidence that this patient is ready or planning on returning to work. It also denied Ibuprofen 800 mg #60. The guidelines state there is no benefit over 400 mg. It also denied tramadol ER 150 mg. No rationale for the medical necessity of this drug for chronic non-specific pain is noted. It also denied Lyrica 7.5 mg x 60. The patient has not been indicated to have failed gabapentin prior to utilizing Lyrica. It also denied physical therapy, 6 visits. The patient has received previous physical therapy. The patient has continued complaints without signs of lasting functional benefit. It also denied 12 acupuncture visits for the lumbar spine. There is no evidence that acupuncture in the past has led to functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Independent Medical Examinations and Consultations Chapter

**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 page 132-139 and the Official Disability Guidelines (ODG) fitness for duty chapter - FCE

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs (Functional Capacity Evaluations) predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW (return to work) attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI (maximum medical improvement)/all key medical reports secured), and additional/secondary conditions have been clarified. However, in the documents available for review, there is no rationale provided for an FCE. There are no noted complex issues such as prior unsuccessful RTW attempts. Therefore, the request for an initial functional capacity evaluation is not medically necessary.

**Ibuprofen 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, NSAIDS

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, given the 2011 date of injury, it is unclear how long the patient has been taking NSAIDs. There is no documentation of objective benefit derived from NSAID use. Therefore, the request for Ibuprofen 800 mg #60 is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Tramadol ER 150 mg #30 is not medically necessary.

**Lyrica 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

**Decision rationale:** MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, in the documents available for review, there is no establishment of the diagnosis of neuropathic pain. Therefore, the request for Lyrica 7.5 mg #60 is not medically necessary.

**6 physical therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, given the 2011 date of injury, it is unclear how many PT (physical therapy) sessions the patient has had. There is no documentation of objective functional benefit achieved from previous sessions. There is no specific rationale for PT in the documents available for review. Therefore, the request for 6 physical therapy visits is not medically necessary.

**12 acupuncture visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, there is no clear documentation of the number of previous acupuncture sessions. There is no available documentation of objective benefit derived from previous sessions. Therefore, the request for 12 acupuncture visits for the lumbar spine is not medically necessary.