

Case Number:	CM14-0156980		
Date Assigned:	09/29/2014	Date of Injury:	10/27/2011
Decision Date:	11/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 60 year old female with a work injury dated 10/27/11. The diagnoses include sprain of the neck; sprain of the lumbar region; myalgia, and cervical disc displacement. Under consideration are requests for functional capacity evaluation and compound pharmaceutical/compound muscle rub. There is a PR-2 report dated 07/24/2014 that states that the patient has persistent intermittent-frequent flare ups of moderate severe pain and with muscle spasms in the neck/upper back, middle back and low back regions. On exam there is two plus {2+} tenderness and muscle spasms in the paravertebral muscles bilaterally In all regions left worse than right with significantly decreased range of motion In all planes secondary to pain. There was one plus residual tenderness to deep palpation over the right sacroiliac joint; straight leg raise and Lasegue's tests elicit sciatica/radicular pain distally into the claimant's bilateral legs and feet. There is a request for a functional capacity evaluation and pharmacy purchase of a compounded muscle rub (no further description or quantity noted).The patient is on temporary total disability.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional capacity evaluation

Decision rationale: Functional capacity evaluation is not medically necessary per the MTUS ACOEM and the ODG guidelines. The ODG states that one can consider an FCE if case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities. The ACOEM MTUS Guidelines states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The documentation does not indicate prior unsuccessful return to work attempts or conflicting medical reporting. It is unclear why the patient needs a functional capacity evaluation. The documentation is not clear on the patient's job description and functions required and why specialized FCE testing is requested.

Compound pharmaceutical/compound muscle rub: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter : Fitness for Duty

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics p.111-113.

Decision rationale: Compound pharmaceutical/compound muscle rub is not medically necessary per the MTUS Guidelines. The request as written has no indication of the ingredients of the muscle rub, what body part it will be used on, and a quantity. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Without clear indication of the ingredients of the rub as well as the fact that the patient has been using a prior compound rub without significant improvement in function the request for compound pharmaceutical/compound muscle rub is not medically necessary.