

Case Number:	CM14-0087911		
Date Assigned:	07/23/2014	Date of Injury:	09/01/2011
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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 & Rehabilitation 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:

The injured worker is a 47-year-old male who reported a repetitive strain injury on 09/01/2011. The current diagnoses include bilateral thumb tendonitis, bilateral wrist strain, bilateral hand strain, and bilateral forearm strain. The latest physician progress report submitted for this review is documented on 05/07/2014. It is noted that the injured worker has been previously treated with activity modification, splinting, medication management, and injection therapy. He also had electrodiagnostic studies of the upper extremity in 02/2013, which indicated right carpal tunnel syndrome. He presented with complaints of pain in the bilateral upper extremities. Physical examination revealed tenderness to palpation of the lateral and medial epicondyle bilaterally, positive Cozen's testing bilaterally, positive left olecranon bursitis, bilateral wrist positive Tinel's testing, and positive Finkelstein's testing in the bilateral thumbs. Treatment recommendations at that time included chiropractic therapy, an MRI of the bilateral upper extremities, and an interferential current stimulation unit. There was no request for authorization form submitted for the current request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FCMC (flurbiprofen/capsaicin/menthol/camphor) cream 120 g: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The only FDA approved topical NSAID is Diclofenac. There is also no frequency listed in the request. As such, the request for FCMC cream 120g is not medically necessary.

1 Keto (Ketoprofen) cream 120 g: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The only FDA approved topical NSAID is Diclofenac. There is also no frequency listed in the request. As such, the request for Keto cream 120g is not medically necessary.

1 Drug Screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. There is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. As such, the request for drug screening is not medically necessary.

1 Single Positional MRI of the Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. As per the documentation submitted, the injured worker was pending authorization for an additional electrodiagnostic study of the bilateral upper extremities along with an MRI of the bilateral hands/wrists. Pending the results of the electrodiagnostic studies, an MRI cannot be determined as medically appropriate at this time. As such, the request for 1 single positional MRI of the bilateral wrists is not medically necessary.