

Case Number:	CM15-0134409		
Date Assigned:	07/22/2015	Date of Injury:	03/25/2007
Decision Date:	09/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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 53-year-old who has filed a claim for chronic neck, mid back, shoulder, and wrist pain reportedly associated with an industrial injury of March 25, 2007. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve requests for wrist MRI imaging and topical compounded medications. The claims administrator referenced an RFA form received on June 11, 2015 in its determination, along with an associated progress note of May 19, 2015. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing complaints of neck, shoulder, and mid back pain. The applicant had undergone left and right carpal tunnel release procedure, it was reported. Multifocal complaints of mid back, wrist, shoulder, and neck pain, 6-9/10 were reported. Paresthesias about the digits were reported. Positive left-sided Tinel maneuver was noted about the wrist with hyposensorium noted throughout the upper extremities. Physical therapy, manipulative therapy, and acupuncture were sought while several topical compounded medications and dietary supplements were prescribed. The applicant's work status was not stated, although it did not appear that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non FDA-approved agents: Ketoprofen Page(s): 112.

Decision rationale: No, the request for a ketoprofen-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketoprofen is not FDA approved for topical application purposes. The attending provider failed to furnish a clear or compelling rationale for usage of topical ketoprofen in the face of the unfavorable MTUS position on the same. It was not clearly stated why what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals could not be employed here. Therefore, the request was not medically necessary.

Cyclobenzaprine 5% cream 110grams: Upheld

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

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

Decision rationale: Similarly, the request for a cyclobenzaprine-containing topical cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since the primary ingredient in the compound, cyclobenzaprine, was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Right Wrist MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG TWC.

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

Decision rationale: Similarly, the request for a right wrist MRI was likewise not medically necessary, medically appropriate, or indicated here. The primary stated diagnosis involving the affected wrist was carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging of the wrist 1/4 in its ability to identify and define suspected carpal tunnel syndrome. It was not clearly stated why MRI imaging was endorsed for a diagnosis for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request was not medically necessary.

Left Wrist MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC.

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

Decision rationale: Finally, the request for a left wrist MRI was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269, MRI imaging is scored 1/4 in its ability to identify and define suspected carpal tunnel syndrome, i.e., the primary stated diagnosis present here. The attending provider failed to furnish a clear or compelling rationale for selection of MRI imaging for a diagnosis for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269.