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| Case Number: | CM15-0144905 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 06/24/2014 |
| Decision Date: | 09/25/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 24-year-old female, who sustained an industrial injury on 6-24-14. The injured worker was diagnosed as having right shoulder impingement, labral tear and lipoma; cervical spine sprain-strain, cervicogenic headaches, bilateral radicular radiculopathy symptoms, lumbar spine sprain-strain and bilateral hand sprain-strain. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, oral medications including NSAIDs (non-steroidal anti-inflammatory drugs) and activity restrictions. Currently on 6-11-15, the injured worker complains of cervical and lumbar spine pain with bilateral upper extremity radicular pain rated 4 out of 10. She also notes right shoulder pain rate 5-10 improving with physical therapy, left hand pain rated 6-7 out of 10 and worse in digits 1-3; right hand is improved with topical cream. A mild improvement in function with decreased pain and medication intake is also noted. She is currently not working. Objective findings were noted to be on attached sheets (unable to locate), it is noted the injured worker increased her strength with physical therapy. The treatment plan included (MRI) magnetic resonance imaging of left hand and topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter (Online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand chapter Magnetic Resonance Imaging (MRI).

Decision rationale: The records indicate the patient has ongoing left wrist pain along with numbness and tingling in all digits. The current request is for MRI of the left hand. The attending physician states that an MRI is to be obtained to rule out internal derangement. The ODG has this to say about MRI of the hand: While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Many articles dispute the value of imaging in the diagnosis of ligamentous tears, because arthroscopy may be more accurate and treatment can be performed along with the diagnosis. For inflammatory arthritis, high-resolution in-office MRI with an average follow-up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions for this patient population in this time frame. Indications for Magnetic resonance imaging (MRI) -Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required -Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required -Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) -Chronic wrist pain, plain films normal, suspect soft tissue tumor -Chronic wrist pain, plain films normal, suspect soft tissue tumor -Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease -Repeat MRI is not routinely recommended. As noted above, there are certain criteria which must be met for consideration of an MRI of the hand. In the presence of chronic pain, this type of study may be indicated if plain films are normal and there is either suspicion of soft tissue tumor or suspicion of Kienbock's disease. It is not known if the patient has undergone plain films that are normal. There is no discussion of a suspicion of soft tissue tumor or Kienbock's disease. As such, the medical records do not establish medical necessity for the request of an MRI of the left hand. This request is not medically necessary.

Flurbi-menthol-caps-camph cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

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

Decision rationale: The records indicate the patient has ongoing left wrist pain along with numbness and tingling in all digits. The current request is for Flurbimenthol-Capsaicin-Camphor cream with 1 refill. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that topical analgesics are largely experimental. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. While the records do note GI symptomatology, medical records do not establish medical necessity as the patient has not failed trials of antidepressants and anticonvulsants. As such, this request is not medically necessary.