

Case Number:	CM15-0083859		
Date Assigned:	05/06/2015	Date of Injury:	06/24/2014
Decision Date:	07/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/01/2015

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 low back pain reportedly associated with an industrial injury of June 24, 2014. In multiple Utilization Review reports dated March 30, 2015, the claims administrator failed to approve requests for extracorporeal shock wave therapy for the knee, approved a request for chiropractic manipulative therapy for the low back and the knee, denied a lumbar MRI, and denied several topical compounded medications. The claims administrator referenced a March 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. MRI imaging of the knee dated April 11, 2015 was notable for unstable medial meniscal tear. In a progress note dated March 6, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and knee pain. The note comprised, in large part, of pre-printed checkboxes, with little-to-no narrative commentary. Chiropractic manipulative therapy, lumbar MRI imaging, extracorporeal shock wave therapy to the knee, urine drug testing, a lumbar support, six sessions of acupuncture, and multiple topical compounded medications were sought. Lumbar MRI imaging at issue was apparently performed on March 15, 2015 and was notable for multilevel disk protrusions, and degenerative changes of uncertain clinical significance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shock wave therapy to the left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Knee Disorders, pg 940 c ("Shockwave").

Decision rationale: No, the request for extracorporeal shock wave therapy for the knee was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of extracorporeal shock wave therapy for the knee, the body part at issue here. The Third Edition ACOEM Guidelines, however, notes that there is "no recommendation" for or against the usage of extracorporeal shock wave therapy for the treatment of patellar tendinosis. Here, the attending provider did not furnish any narrative commentary to augment the request at hand. The attending provider did not furnish a compelling applicant-specific rationale and/or compelling evidence, which would support the request in the face of the tepid ACOEM position on the article at issue. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 304.

Decision rationale: Similarly, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The lumbar MRI imaging was apparently performed on March 15, 2015 and was apparently notable for low-grade disk protrusions and/or degenerative changes of uncertain clinical significance. The applicant did not seemingly go on to pursue a surgical remedy and/or a surgical consultation based on the outcome of the study in question. Therefore, the request was not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics page(s): 111-113.

Decision rationale: Similarly, the request for a capsaicin-flurbiprofen-gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider's handwritten progress note and pre-printed checkboxes did not set forth a clear or compelling case for provision of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded agents in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals. Therefore, the request was not medically necessary.

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page(s): 111-113.

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

Decision rationale: Finally, the request for a gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.