

Case Number:	CM15-0162531		
Date Assigned:	09/22/2015	Date of Injury:	04/24/2015
Decision Date:	11/02/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/18/2015

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 [REDACTED] employee who has filed a claim for chronic elbow, wrist, hand, and shoulder pain reportedly associated with an industrial injury of April 24, 2015. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for MRI imaging of the bilateral wrists and a flurbiprofen-containing topical compounded agent. The claims administrator referenced a June 29, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said June 29, 2015 office visit, the applicant reported right elbow pain superimposed on issues with bilateral hand and wrist pain. The applicant was off of work and had not worked since the date of injury, it was acknowledged. The applicant was described as having pain about the hands, and gripping and grasping with weakness reported about the same. The applicant exhibited positive Tinel's and Phalen's signs about the bilateral wrists with reportedly weak grip strength evident. The attending provider gave the applicant diagnoses of elbow epicondylitis, biceps tendon strain, wrist tendonitis, and carpal tunnel syndrome, all of which were attributed to cumulative trauma at work. MRI imaging of the hands and wrists were sought. The topical compounded cream in question was endorsed. Somewhat incongruously, the attending provider stated toward the bottom of the note that the applicant was able to continue working while reporting in another section of the note that the applicant's employer was unable to accommodate previously suggested limitations. The topical compounded agent in question was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral wrists: 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: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for MRI imaging of the bilateral wrists was not medically necessary, medically appropriate, or indicated here. The stated diagnoses here were those of bilateral wrist tendonitis and/or bilateral wrist carpal tunnel syndrome. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging of 0/4 in its ability to identify and define suspected wrist tendonitis, i.e., one of the operating diagnoses present here, and 1/4 in its ability to identify and define suspected carpal tunnel syndrome, i.e., another diagnosis reportedly present here, per the treating provider's June 29, 2015 office visit. It was not clearly stated or clearly established why MRI imaging was sought for diagnoses 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.

Flurbiprofen 10%/Diclofenac 10%/Gabapentin10%/Lidocaine 5% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Similarly, the request for a flurbiprofen-diclofenac-gabapentin containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the compound in question are deemed in "not recommended." The attending provider's June 29, 2015 progress note did not, moreover, clearly state why the applicant could not employ what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals in favor of the topical compounded agent in question, which the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 considers "not recommended." Therefore, the request was not medically necessary.