

Case Number:	CM15-0176408		
Date Assigned:	09/17/2015	Date of Injury:	01/28/2015
Decision Date:	10/28/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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 45-year-old who has filed a claim for chronic wrist and low back pain reportedly associated with an industrial injury of January 28, 2015. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for MRI imaging of the lumbar spine, MRI imaging of the left wrist, and a topical compounded agent. The claims administrator referenced an RFA form received on August 14, 2015 and associated progress note of August 12, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated August 12, 2015, the applicant was placed off of work, on total temporary disability, for six weeks owing to ongoing complaints of low back and wrist pain. The note was very difficult to follow and not altogether legible. MRI imaging of the lumbar spine and left wrist were ordered. The stated diagnoses were those of sciatica and wrist strain. It was not stated why the MRI studies were endorsed. The requesting provider was a pain management physician, it was incidentally noted. The differential diagnoses list was not seemingly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast for The Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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 left wrist was not medically necessary, medically appropriate, or indicated here. The attending provider stated on his handwritten August 12, 2015 progress note that the wrist MRI at issue was intended to clarify a diagnosis of wrist strain. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scored MRI imaging a 0/4 in its ability to identify and define suspected wrist strains. Here, the attending provider's handwritten August 12, 2015 progress note did not state how (or if) said wrist MRI would influence or alter the treatment plan. The fact that the requesting provider was a pain management physician (as opposed to a hand surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, request was not medically necessary.

MRI without Contrast for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine without contrast 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, the handwritten August 12, 2015 progress note made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study. The fact that the requesting provider was a pain management physician (as opposed to a spine surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Gabapentin 10 Percent/Lidocaine 2 Percent/ Aloe Vera 5 Percent/ Capsaicin .025 Percent/ Menthol 10 Percent/ Camphor 5 Percent (cream) gel #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the primary ingredient in the compound is not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, clearly state why page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compound such as the agent in question were furnished in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals. Therefore, the request was not medically necessary.