

Case Number:	CM14-0194148		
Date Assigned:	12/01/2014	Date of Injury:	02/09/2009
Decision Date:	01/20/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 complex regional pain syndrome (CRPS), myofascial pain syndrome, and migraine headaches reportedly associated with an industrial injury of February 9, 2009. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for oral Diclofenac. The claims administrator suggested that the attending provider had failed to outline material improvement with Diclofenac. The claims administrator stated that its decision was based on an office visit of October 16, 2014 and an associated RFA form of October 21, 2014. In said October 16, 2014 progress note, the applicant reported ongoing complaints of headaches, CRPS type 1, shoulder pain, hand pain, and migraine headaches. The attending provider expressed his disbelief that all of the applicant's medications have been denied through various review channels. The attending provider suggested that the applicant had derived "moderate improvement" from previous usage of Voltaren as well as previous usage of Wellbutrin, Neurontin, and stellate ganglion blocks. The applicant's complete medication list reportedly included Topamax, Imitrex, QVAR, Zofran, Lidocaine, Levora, Neurontin, Diclofenac, a topical compound, and Wellbutrin. The applicant exhibited diminished muscle strength and atrophy about various muscle groups of the right upper extremity. Multiple medications were refilled, including Diclofenac, Topamax, Neurontin, and Wellbutrin. A pain management referral and TENS unit were also sought. The applicant was given six-month supplies of many medications, including Wellbutrin, Neurontin, Topamax, and Voltaren, each written as one-month supply with five refills. The applicant's work status was not clearly outlined. The applicant was status post earlier carpal tunnel release surgery and cubital tunnel release surgery, it was acknowledged. On September 17, 2014, the applicant reported persistent complaints of right upper extremity pain. The applicant stated that she developed depression and anxiety associated with her painful symptoms. The applicant stated that she was

having difficulty taking care of herself and was becoming increasingly depressed. The attending provider suggested that the applicant consider a ketamine infusion and/or obtain a pain management consultation at a tertiary care facility. The attending provider stated that the applicant needed help to do activities of daily living as basic as cooking, housework, yard work, and housekeeping. Persistent complaints of throbbing upper extremity pain were evident. The applicant was reportedly opposed to a spinal cord stimulator trial. The applicant's medication list included Wellbutrin, Diclofenac, Neurontin, Gralise, Lidocaine, Levora, Zofran, QVAR, Imitrex, and Topamax. A pain management consultation, a TENS unit, and Topamax were endorsed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Potassium 50mg tab #90, refills 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Medications topic. Functional Restoration Approach to Chronic Pain Management section. Page. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 37 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that NSAIDs such as diclofenac are "commonly used drugs" for complex regional pain syndrome, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider's progress note seemingly suggested that the applicant's pain complaints were heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing usage of diclofenac. Ongoing usage of diclofenac has failed to curtail the applicant's dependence on a number of other analgesic and adjuvant medications, including a topical compounded drug, Imitrex, Topamax, Neurontin, Lidoderm patches, etc. While the attending provider suggested that the applicant was reporting a moderate reduction in pain scores with ongoing diclofenac consumption, this was not elaborated/expounded upon or quantified and, furthermore, is outweighed by the applicant's difficulty performing activities of daily living as basic as cooking, cleaning, yard work, housekeeping, etc., all of which, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.