

Case Number:	CM15-0209451		
Date Assigned:	10/28/2015	Date of Injury:	06/10/2009
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female, who sustained an industrial injury on 6-10-2009. The injured worker was diagnosed as having internal derangement of the right knee, right shoulder tendinitis-tendinopathy-calcific tendinitis, complex regional pain syndrome of the right lower extremity, derivative right wrist pain, and reactive depression. Treatment to date has included diagnostics, physical therapy, spinal cord stimulator, and medications. On 9-01-2015, the injured worker complains of right shoulder pain, rated 6 out of 10, "improving" (right shoulder pain rated 8 out of 10 on 8-11-2015, 7-21-2015, and 6-30-2015). It was documented that 3 sessions of shockwave facilitated diminution in pain but range of motion remained limited and unchanged. Medication use included Naproxen and she complained of unspecified "side effects" with use, inquiring about topical medication. She also used Prozac to decreased reactive depression-anxiety. Her current entire medication regimen was not clear. Objective findings included hyperalgesia of the right knee, range of motion 0-100 degrees, and a slightly antalgic gait favoring the left lower extremity. Diffuse tenderness was noted in the right shoulder, along with swelling of the right shoulder and atrophy of the right deltoid musculature. The treatment plan included pain management to manage spinal cord stimulator, follow-up with psychologist, discontinue Naproxen use to gastrointestinal upset despite proton pump inhibitor, continued Prozac, urine toxicology, and topical Ketoprofen (failed first, second, and third line drugs). Work status was total temporary disability. Utilization Review decision for consult with psychiatrist approval was noted 7-07-2015. On 10-07-2015 Utilization Review non-certified a request for Ketoprofen 10% 300gm and consult with follow-up with psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% 300 gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended. The requested topical does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.

Consult with follow up with psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: CA MTUS/ACOEM chronic pain management guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In this case, the submitted documentation clearly supports the diagnosis of depression and anxiety associated with chronic pain. She is taking antidepressants and documentation indicates waxing and waning of symptoms. Based on the cited guidelines, follow-up with a psychologist would be supported. Therefore, the request is medically necessary.