

Case Number:	CM15-0128485		
Date Assigned:	07/15/2015	Date of Injury:	05/28/2014
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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 50-year-old who has filed a claim for chronic hand, wrist, forearm, and elbow pain reportedly associated with an industrial injury of May 28, 2014. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for oral diclofenac, several topical compounded medications, and oral gabapentin. The claims administrator referenced an RFA form received on June 15, 2015 in its determination. The applicant's attorney subsequently appealed. In a February 11, 2015 progress note, the applicant reported ongoing complaints of hand, wrist, and forearm pain with associated paresthesias. The applicant was using splints of various kinds. The applicant was working in a modified duty capacity, albeit with some difficulty, the treating provider reported. A rather proscriptive 10- pound lifting limitation, a left-sided carpal tunnel release surgery, and a left-sided cubital tunnel release surgery were prescribed. Motrin was endorsed. On June 11, 2015, the applicant reported multifocal complaints of ankle, elbow, and wrist pain. Diclofenac, tramadol, Neurontin, Ambien, and several topical compounds were prescribed and/or dispensed. The applicant's work status was not clearly stated. No seeming discussion of medication efficacy transpired. On May 7, 2015, the applicant again reported ongoing complaints of ankle, wrist, elbow, and foot pain, 7/10, attributed to cumulative trauma at work. Diclofenac, tramadol, and Neurontin were all prescribed, without any seeming discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100mg twice a day for Bilateral wrists #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first-line treatment for various chronic pain complaints, this recommendation is, however, 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, progress notes of May 7, 2015 and June 11, 2015 on which diclofenac was renewed made no mention of medication efficacy. The applicant's work and functional status were not clearly outlined or detailed. The fact that ongoing usage of diclofenac failed to curtail the applicant's dependence on opioid agents such as tramadol, however, coupled with the attending provide's failure to document the applicant's work status, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing diclofenac usage. Therefore, the request was not medically necessary.

Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine 5% in cream base for Bilateral wrists: 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: Similarly, 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, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is 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.

Gabapentin 400mg twice a day for bilateral wrists #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant's work status was not reported on office visits of May 7, 2015 and June 11, 2015. Said progress notes contained no discussion or mention of medication efficacy. The attending provider failed to outline the presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e with ongoing gabapentin usage. Therefore, the request was not medically necessary.

Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in Cream Base for Bilateral Wrists: 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 flurbiprofen-baclofen-dexamethasone-menthol-camphor-capsaicin-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, baclofen, the secondary 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. Therefore, the request was not medically necessary.