MAXIMUS Federal Services

| Case Number: | CM13-0000833 | | |
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| Date Assigned: | 11/01/2013 | Date of Injury: | 04/24/2013 |
| Decision Date: | 01/17/2014 | UR Denial Date: | 06/11/2013 |
| Priority: | Standard | Application Received: | 06/25/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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 patient is a 38 year old female who reported an injury on 04/24/2013. The mechanism of injury was repetitive motion from typing and using the mouse. The most recent clinical reference is the initial consultation report dated 05/14/2013. The report revealed the patient complained of constant sharp pain in both wrists with persistent numbness to her bilateral ring fingers, and occasional shocks of pain to her ring fingers. The patient also complained of pain radiating to bilateral elbows, and difficulty gripping things. Typing, cleaning, driving and washing dishes aggravated her pain. There was mild swelling noted to palmar surface of bilateral wrists, substantial tenderness over both carpal and cubital tunnels, and some crepitance without triggering involving the right thumb. The patient was diagnosed with bilateral carpal and cubital tunnel syndromes. Dexamethasone injections performed to bilateral carpal tunnel, occupational therapy was ordered and night extension splint given. The patient presented with a cummulative trauma disorder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg QTY. 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: NSAIDS Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: NSAIDs Page(s): 67-68.

**Decision rationale:** California MTUS guidelines states NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The clinical information does not specify how long the patient has used this medication as it is only recommended for the shortest period and what the efficacy is with this medication to support continuation. Therefore the request for Voltaren 100mg quantity 30 is non-certified.

**Protonix 20 mg QTY. 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs Page(s): 68.

**Decision rationale:** California MTUS guidelines state if it is determined the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA), then a Proton Pump Inhibitor (PPI) would be warranted. The clinical information submitted did not provide evidence the patient was at risk for a gastrointestinal event to support the use of the medication. Also, the corresponding NSAID, Voltaren, is not certified. Therefore, the necessity of this medication has not been established. As such, the request for Protonix 20 mg quantity 60 is non-certified.

**Terocin 120 ml (Capsaician/Methyl Salicylate/Menthol/lidocaine) QTY. 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Topical Analgesics Page(s): 105, 111-113.

**Decision rationale:** California MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control; however, 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, therefore, is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. CA MTUS Guidelines also state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain other than Lidoderm. There is no clinical documentation that the patient's pain has been

decreased with the use of the requested medication. No evidence to support, and there has been no diagnosis of neuropathy and no evidence the patient has not responded or is intolerant to other treatments. As the requested compound contains Lidocaine which is not in the accepted topical formulation, the compound is not recommended. As such, the request for Terocin 120ml quantity 1.00 is non-certified.

**Ultram ER (Tramadol) 150 mg QTY. 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Opioids Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section: Opioids Page(s): 93-94, 78, 113.

**Decision rationale:** California MTUS guidelines states Tramadol (UltramÂ®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram ER is the patient's primary oral pain medication, which not recommended by California MTUS guidelines. Also, CA MTUS Guidelines recommend monitoring of the 4A's to include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. The clinical information submitted did not address the patient's pain relief or objective improvement as a result of the medication. As such, the request for Ultram ER (Tramadol) 150mg quantity 30 is non-certified.