

Case Number:	CM13-0017287		
Date Assigned:	03/26/2014	Date of Injury:	01/14/2011
Decision Date:	05/07/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This case involves a 56-year-old female, with a 1/14/2011 industrial injury claim. According to the 7/25/13 permanent and stationary report, she presents with pain in both thumbs and elbows. She has been diagnosed with status post bilateral carpal tunnel releases; status post right trigger thumb release; history of bilateral lateral epicondylitis, which is largely resolved; and bilateral thumb carpometacarpal (CMC) osteoarthritis and instability. On 8/22/13, the utilization review (UR) denied use of Voltaren gel, Prilosec, and Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN (DICLOFENAC) 100MG QD, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S (NON-STEROIDAL ANTI-INFLAMMATORY AGENTS) Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS; NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

Decision rationale: According to the 7/25/13 permanent and stationary report, the employee presented with pain in both thumbs and elbows. She has been diagnosed with bilateral thumb

osteoarthritis and instability and prior carpal tunnel syndrome. The employee has neuropathic pain and nociceptive pain. The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for neuropathic pain. The guidelines also indicate that "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 use of Voltaren appears to be in accordance with the MTUS guidelines.

PRILOSEC 20MG BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, NSAID'S, HYPERTENSION A.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

Decision rationale: According to the 7/25/13 permanent and stationary report, the employee presented with pain in both thumbs and elbows. She has been diagnosed with bilateral thumb osteoarthritis and instability and prior carpal tunnel syndrome. The employee has neuropathic pain and nociceptive pain. The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for neuropathic pain. The guidelines also indicate that "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 use of Voltaren appears to be in accordance with the MTUS guidelines.

TEROCIN LOTION 240ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines VOLTAREN (DICLOFENAC) XR AND LIDOCAINE Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The patient presented with bilateral elbow and thumb pain. Terocin is a compounded topical with methyl salicylate, capsaicin, menthol, and Lidocaine. The Chronic Pain Guidelines indicate that these are recommended after failure of antidepressants or anticonvulsants. The guidelines also indicate "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin contains topical lidocaine. The guidelines specifically states that other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.