

Case Number:	CM13-0031033		
Date Assigned:	12/04/2013	Date of Injury:	05/29/2012
Decision Date:	01/14/2014	UR Denial Date:	09/29/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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.

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 52-year-old female who reported injury on 05/29/2012. The mechanism of injury was stated to be the patient was assembling bouquets, and her hands started feeling numb, and she was noted to have pain at night. The patient was noted to have positive tenderness over the medial condyle. The patient was noted to have bilateral carpal tunnel syndrome. The diagnosis included carpal tunnel syndrome, bilateral wrist CMG confirmed, bilateral wrist tendonitis, and bilateral elbow lateral epicondylitis. The treatment plan was noted to included omeprazole 20 mg, quantity 30; and diclofenac/gabapentin/ketoprofen/lidocaine cream, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: California MTUS guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the patient was being prescribed omeprazole for gastritis prophylactically. Clinical documentation submitted for review failed to provide the patient had signs and symptoms of

gastritis, and failed to provide the patient had signs and symptoms of dyspepsia to support the necessity for the medication. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for omeprazole 20 mg, quantity 30 is not medically necessary.

Diclofenac/Gabapentin/Ketoprofen/Lidocaine cream QTY: 1: Upheld

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

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

Decision rationale: California MTUS indicates "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... There is no peer-reviewed literature to support the use of topical baclofen...Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application... Voltaren® Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment...not to exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity)....Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Clinical documentation submitted for review indicated the physician was prescribing diclofenac XR 100 mg, and diclofenac in the compounded medication. Clinical documentation submitted for review failed to provide the efficacy of the requested medication and it failed to provide the necessity for 2 forms of the same medication. Per CA MTUS Guidelines, Voltaren gel is not to exceed 32 grams per day and when given in two forms, it would be difficult to regulate and ensure the patient did not receive more than 32 grams of diclofenac. However, there is a lack of documentation indicating the necessity for the additive effect from diclofenac to the compounded product. Given the above, the request for diclofenac/gabapentin/ketoprofen/lidocaine cream, quantity 1 is not medically necessary.