MAXIMUS Federal Services

Case Number:	CM13-0045763		
Date Assigned:	06/09/2014	Date of Injury:	03/08/2011
Decision Date:	08/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine, has a subspecialty in General preventive medicine and is licensed to practice in West Virginia. 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 individual is a 56 year old female who sustained a work related injury on March 08 2011. The diagnoses resulting from this injury are documented to include; right rotator cuff injury, bilateral carpal tunnel syndrome, bilateral brachial neuritis, cervicalgia with radicular pain, chronic right shoulder pain and a right wrist sprain. The individual is documented to have chronically reduced range of motion in her right shoulder, with associate tenderness. There is a documentation of a positive Tinels sign in the right wrist and tenderness and reduced range of motion in bilateral wrists. Pt has received H wave therapy and acupuncture and has documented functional improvement following the use of both modalities. The individual has been prescribed pennsaid topical solution for local pain and arhrotec for pain, inflammation and concerns for gastrointestinal injury secondary to NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PENNSAID 1.5% SOLUTION #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Pain (Chronic), Topical Analgesics.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. ODG recommends usage of topical analgesics as an option, but further details; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. As such the request for pennsaid 1.5% is not medically necessary.

ARTGROTEC 50-0.2MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation http://www.drugs.com/arthotec.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 67-73 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: Arthrotec is a NSAID with an addition of a gastrointetstinal protectant. MTUS specifies four recommendations regarding NSAID use:1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm 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 ODG further recommends the use of diclofenac for the minimum amount of time possible due to the high risk of adverse effects, including gastrointestinal and renal injury. The medical documents do not indicate that the patient is being treated for osteoarthritis, further; the treating physician does not document failure of primary (Tylenol) treatment. As such, the request for Arthrotec 50mg/0.2 mg is not medically necessary