

Case Number:	CM13-0062319		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2010
Decision Date:	03/26/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Practice has a subspecialty in Preventive 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:

This claimant sustained an injury on 6/1/10 that resulted in wrist, elbow and shoulder pain. An EMG in 2012 had findings consistent with carpal tunnel syndrome. For over 2 years she has used topical Voltaren gel and Lidoderm patches for pain control. Other analgesics used include NSAIDS, steroids and Ultram. She has also used Percocet for the past year. She has been on modified work duty including limited lifting, typing, and repetitive hand motions. Her monthly visits with the physician in the past year have noted no significant changes in the location of wrist pain, or stiffness in the left shoulder. A recent exam on 11/6/13 noted that Lidoderm patches reduced her pain from 8/10 to 5/10 in the arm. The objective findings were only significant for tenderness in left medial epicondyle and left radial 1st dorsal compartment. Percocet and Voltaren gel were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg Tablet #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Percocet for a year with no documentation on direct response to pain with this medication or improvement in pain scale. The continued use of Percocet is not medically necessary.

Voltaren 1% Gel, #2: Upheld

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

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

Decision rationale: Voltaren is a topical NSAID. According to the MTUS guidelines: Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, β agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. The claimant has been on Voltaren gel for over 2 years. As noted for the guidelines, its indication is not supported by the clinical documents for the diagnoses provided or for the length of time.