

Case Number:	CM14-0002055		
Date Assigned:	01/24/2014	Date of Injury:	05/17/2011
Decision Date:	06/06/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesia 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:

A 48 year old female injured worker with date of injury 5/17/11 with related left elbow pain and pain over the left metacarpal bones. Per 12/18/13 note, the pain radiates to the left hand. Associated symptoms include arthralgia over the left shoulder joint, tenderness of the left shoulder and left elbow to the wrist joints. Myalgia and numbness are noted over the left upper extremity. Hyperpathia is noted throughout the left upper extremity. There is noted atrophy along the left medial forearm. The patient demonstrates four out of five strength with left hand intrinsics, wrist extension and flexion. There is no noted pseudomotor, vasomotor changes or edema in the left upper extremity. She demonstrated a positive left Tinel's sign. There was limited abduction and flexion of the left shoulder to 90 degrees. There is positive Jobs and Hawkins signs on the left. She is status post left shoulder arthroscopy, subacromial decompression, distal clavicle resection and lysis of adhesions (2/2013); left shoulder arthroscopy with SLAP lesion repair and subscapularis tendon repair (9/2008); left shoulder arthroscopy with left shoulder and biceps tenodesis (10/2011); left medial collateral ligament tear of the elbow cadaveric transplant. The documentation did not contain imaging studies. She has been treated with physical therapy, surgery, and medication management. The date of UR decision was 1/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DERMATAN CREAM (CONTAINS DICLOFENAC/GABAPENTIN/BUPIVACAINE/DOXEPIN): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 60, 111-113.

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Topical Diclofenac specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Diclofenac may be indicated. Per MTUS p113 with regard to topical Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS is silent on the use of topical Bupivacaine, however, topical lidocaine is only recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation that the injured worker has failed trial of these first-line therapies. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of doxepin. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." As Gabapentin is not recommended, the compound is not recommended. The request for Dermatan cream (contains Diclofenac/Gabapentin/Bupivacaine/Doxepin is not medically necessary.