

Case Number:	CM14-0012047		
Date Assigned:	02/21/2014	Date of Injury:	01/07/2002
Decision Date:	07/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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 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:

Patient is a 63-year-old female who has submitted a claim for cervicalgia, derangement of hand / wrist, enthesopathy of wrist / hand, medial and lateral epicondylitis, plantar fasciitis, hypertension, and hypercholesterolemia associated with an industrial injury date of 01/07/2002. Medical records from 2013 to 2014 were reviewed. Patient complained of severe pain at bilateral feet / ankle, and wrist described as dull, achy and constant, associated with numbness and weakness. Aggravating factors included standing, prolonged walking, repetitive neck bending, and twisting. Physical examination showed restricted range of motion of the cervical spine. Apley's and Hawkin's tests were positive bilaterally. Findings at bilateral wrists showed flattening of the thenar prominence and positive Durkin's and Phalen's tests. Treatment to date has included right metacarpal arthroplasty and tendon transposition along with cortisone injection, left hand metacarpal arthroplasty, physical therapy, shockwave therapy, and medications such as Vicodin, Celebrex, losartan, hydrochlorothiazide, and atorvastatin. Utilization review from 01/02/2014 denied the request for Voltaren gel 1%, #2 with two refills because there was little support to recommend it for shoulder pain; and denied CBC, hepatic and arthritis panel, Chem 8, CPK and CRP because of no probability that test results can change the course of medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% #3 WITH 2 REFILLS: 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): 111-112.

Decision rationale: As stated on pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Diclofenac is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, patient was initially prescribed Voltaren gel since December 2013. There was no documented gastric symptom that may warrant treatment with topical medication. No rationale was found in the records submitted. There is likewise no worsening of symptoms that may necessitate additional drug prescription. The medical necessity was not established due to insufficient information. Therefore, the request for voltaren gel 1% #3 with 2 refills is not medically necessary.

DIAGNOSTIC TESTING INCLUDING: COMPLETE BLOOD COUNT (CBC), HEPATIC AND ARTHRITIS PANEL, CHEMISTRY 8, CREATINE PHOSPHOKINASE (CPK), C-REACTIVE PROTEIN TEST (CRP): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>); Aetna Clinical Policy Bulletin: Cardiovascular Disease Risk Tests, High-sensitivity C-reactive protein (hs-CRP) and Medical University of South Carolina, Arthritis Panel (<http://www.mushealth.com/lab/content.aspx?id=150092>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. Aetna considers high-sensitivity C-reactive protein (hs-CRP) testing medically necessary for members at risk for cardiovascular disease who meet the set criteria. Arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, patient presented with joint pain involving wrist / hand, and cervical spine. Patient likewise has a known hypertension and hypercholesterolemia. Maintenance medications included Vicodin, Celebrex,

losartan, hydrochlorothiazide, and atorvastatin. Baseline laboratory analysis was requested to determine patient's ability to metabolize prescribed medications. The medical necessity has been established to monitor for possible adverse effects associated with long-term use of medications. Patient's manifestations are likewise consistent with joint problem, hence, arthritis panel is a reasonable diagnostic procedure. Therefore, the request for diagnostic testing including: Complete Blood Count (CBC), hepatic and arthritis panel, chemistry 8, Creatine Phosphokinase (CPK), C-Reactive Protein test (CRP) is medically necessary.