

Case Number:	CM14-0018173		
Date Assigned:	06/13/2014	Date of Injury:	07/14/2005
Decision Date:	07/21/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/13/2014

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

The injured worker is a 54 year old female who reported an injury on 07/14/2005 due to cumulative trauma. On 08/21/2013 she reported right upper extremity and hand pain rated at a 1-6/10. A physical exam revealed that the left elbow and wrist were in a compression sleeve, the right hand had swelling over the wrist and locking noted in the 3rd digit with flexion/extension, no tenderness noted and capillary refill was good. An x-ray of the right wrist performed on 10/19/2005 revealed small distal exostosis distal medial radius and an EMG/NCS to an unspecified extremity performed on 10/18/2005 showed findings of residual focal median neuropathy most likely at the carpal tunnel ligament. Her diagnoses were listed as low back pain and hand pain. The injured worker had used medications, a home exercise program, and a TENS unit for treatment. Medications included Ultracet for pain, Lidoderm for topical analgesia and Relafen for anti-inflammatory/pain control, and Diclo (CMC) cream 20 percent for pain and inflammation. The treatment plan was for Relafen 750mg, and Diclo (CMC) cream 20 percent. The request for authorization form was signed on 08/26/2013. The request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLO (CMC) CREAM 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 112.

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

Decision rationale: The request for Diclo (CMC) cream 20 percent is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The injured worker is noted to have used Diclo cream since the least recent note on 06/19/2013. Per California MTUS guidelines, topical NSAIDs, such as Diclo cream, are recommended for short-term use (4-12 weeks) and it is not recommended for neuropathic pain as there is no evidence to support use. The request for additional medication would exceed the recommended guidelines. Furthermore, the documentation provided does not state the frequency of the medication or specific location of use. As such, the request is not medically necessary.

RELAFEN 750MG: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The request for Relafen 750mg is not medically necessary. It was noted that the injured worker had an MRI that revealed neuropathy in the carpal tunnel ligament. California MTUS guidelines state that there is inconsistent evidence for the use of these medications to treat long-term 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. There are no reports stating that the injured worker had mixed pain conditions. This does not follow recommended guidelines. In addition, the frequency of medication use and quantity were not provided within the request. Given the above, the request is not medically necessary.