

Case Number:	CM14-0135623		
Date Assigned:	08/29/2014	Date of Injury:	05/08/2013
Decision Date:	09/23/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family Medicine and is licensed to practice in Arizona. 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 44 year old female with a date of injury on 5/8/2013. Diagnoses include carpal tunnel syndrome, and status post right dorsal ganglion excision. Subjective complaints are of ongoing pain in both wrists. Physical exam showed bilateral positive Tinel's and Phalen's test. There was also positive bilateral median nerve compression tests, and tenderness over the dorsal right wrist. Electromyogram (EMG) and Nerve Conduction Studies from 2/13/14 showed mild carpal tunnel syndrome on the right and borderline studies on the left. Prior treatment has included physical therapy, activity modification, steroid injection, and medications. Patient is also status post carpal tunnel surgery in 7/2014. Request is for Mentherm gel, Omeprazole, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm gel 120g, apply as directed up to four times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation Drugs.com: Mentherm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,SALICYLATES Page(s): 111-113 ,104.

Decision rationale: Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Therefore, the use of Methoderm gel is not consistent with guideline recommendations, and the medical necessity is not established.

Omeprazole 20mg bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain ChapterFDA (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPIs.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, a proton pump inhibitor (PPI) can be added to non-steroidal anti-inflammatory drugs (NSAID) therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. Guidelines identify the following as risk factors for GI events: age 65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The Official Disability Guidelines (ODG) suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDS. This patient is on chronic NSAID therapy, and is using Omeprazole for GI prophylaxis. Therefore, the use of Omeprazole is consistent with guideline recommendations and is medically necessary.

Voltaren 100mg 1 bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) recommends non-steroidal anti-inflammatory drugs (NSAIDS) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for pain. For this patient, moderate pain is present in the wrist, and the patient is status post recent carpal tunnel surgery. Therefore, the requested use of Voltaren is medically necessary.