

<b>Case Number:</b>	CM14-0022000		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

The patient is a 56-year-old female who has submitted a claim for brachial neuritis, unspecified, associated with an industrial injury date of March 8, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of right shoulder and right wrist pain. There was also some triggering in the 4th digit of the right hand. Physical examination showed right-sided tenderness over the paracervical muscles, acromioclavicular joint, biceps groove, glenohumeral joint, subdeltoid bursa, volar wrist and thenar eminence; limitation of motion of the right shoulder; positive Hawkins and Neer tests on the right shoulder; and decreased light touch sensation to the right medial wrist and lateral palm. The diagnoses were rotator cuff disorder, cervical radiculopathy, carpal tunnel syndrome, shoulder pain and wrist pain. Treatment plan includes requests for Arthrotec and Pennsaid. Treatment to date has included oral and topical analgesics, acupuncture, occupational therapy, finger splint and H-wave. Utilization review from February 18, 2014 denied the requests for Arthrotec 50-0.2mg #180 because it was not clear why the additional gastroprotective component in Arthrotec is needed; and Pennsaid 1.5% solution #3 because there was no clear rationale for its chronic use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ARTHROTEC 50- 0.2 MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Combination (NSAID/GI protectant) Page(s): 70-71.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Arthrotec (Diclofenac/ Misoprostol) 50mg/200mcg is indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. The Chronic Pain Medical Treatment Guidelines also state that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. A non-selective NSAID with misoprostol (200 g four times daily) is recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Final Determination Letter for IMR Case Number CM14-0022000 4Risk factors includes age greater than 65; history of peptic ulcer, GI (gastrointestinal) bleed, or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids, or anticoagulant; and high dose or multiple NSAID use. In this case, the patient does not have the above-mentioned risk factors. There were also no subjective complaints of GI symptoms. There was no clear rationale as to why NSAID in combination with misoprostol is needed. A progress report dated January 15, 2014 states that Arthrotec reduces inflammation. However, there were no objective evidences such as improvement in VAS scores that would support this claim. The medical necessity for continued use of this medication has not been established. Therefore, the request for Arthrotec 50- 0.2 mg, 180 count, is not medically necessary or appropriate.

**PERNSAID 1.5 % SOLUTION # 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pennsaid® (diclofenac sodium topical solution).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that topical diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). ODG recommends topical diclofenac for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. In this case, Pennsaid 1.5% solution was utilized for wrist pain as far back as July 2013. A progress report dated January 15, 2014 stated that Pennsaid reduces pain from 4/10 to 3/10. There was no evidence of significant pain relief and functional gain from its use. Moreover, there was no evidence of oral NSAIDs failure. The medical necessity for continued use of this medication has not been established. Therefore, the request for Pennsaid 1.5 % solution, quantity of three, is not medically necessary or appropriate.

