

Case Number:	CM14-0029457		
Date Assigned:	06/20/2014	Date of Injury:	07/29/2003
Decision Date:	07/17/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 53-year-old female injured on 07/29/03 due to an undisclosed mechanism of injury. Current diagnoses include cervical spondylosis, chronic lumbar myofascial pain, status post bilateral carpal tunnel release, bilateral lateral epicondylitis, lateral elbow medial epicondylitis, and right trigger thumb. A clinical note dated 12/12/13 indicates the injured worker reported continuing complaints of pain in the medial and lateral aspect of the left elbow with increased pain and locking in the right thumb. The injured worker also reported continued complaints of neck pain. The documentation indicates the injured worker is currently working full duty. Physical examination of the left elbow reveals tenderness over the medial and lateral epicondyles with pain elicited with flexion/extension of the wrist against resistance. Examinations of the right thumb reveals tenderness and thickness over the A1 pulley and active locking. The treatment plan includes Cortisone injection for trigger thumb and prescriptions for Dendracin lotion, Voltaren 75mg twice daily, Ultram 50mg twice daily, and Prilosec 20mg once daily. Other treatments include TENS unit, chiropractic therapy, activity modification, and medication management. The initial request for Dendracin lotion #120 with 3 refills was initially non-certified on 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion #120ml with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, page(s) 105 Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Dendracin is noted to contain capsaicin, menthol, and methyl Salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for Dendracin lotion #120ml with 3 refills cannot be recommended as medically necessary.

Voltaren 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non Steroidal Anti-inflammatory Drugs), Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, page(s) 70 Page(s): 70.

Decision rationale: Based on Chronic Pain Medical Treatment Guidelines, Voltaren is not recommended as a first line treatment due to increased risk profile. Additionally, package inserts for non-steroidal anti-inflammatory drugs (NSAIDs) recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Voltaren 75mg #60 cannot be established as medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, page(s) 77 Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the

clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultram 50mg #60 cannot be established at this time.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, PPIs (Proton Pump Inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker has been on long-term non-steroidal anti-inflammatory drug and narcotic treatment placing her at higher risk for gastric event. As such, the request for Prilosec 20mg #30 is medically necessary.

Ergonomic mouse: Upheld

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 Non-MTUS Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: As noted in the Official Disability Guidelines durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME. Medical conditions that result in physical limitations for patients may require injured worker education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The use of an ergonomic mouse is considered a convenience rather than a medical necessity. As such, the request for ergonomic mouse is not medically necessary.