

Case Number:	CM14-0063484		
Date Assigned:	07/16/2014	Date of Injury:	05/01/2005
Decision Date:	08/26/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/06/2014

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 Tennessee. 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 44-year-old female who has submitted a claim for forearm tendonitis, radial tunnel syndrome, medial epicondylitis and lateral epicondylitis associated from an industrial injury date of May 1, 2005. Medical records from 2013-2014 were reviewed, the latest of which dated May 14, 2014 revealed that the patient is feeling worse. She complained of sharp and constant right forearm pain rated 7/10. The pain is worse with movement. She complained of sharp and constant right wrist pain rated 8/10. There is noted clicking and giving out but denies popping and locking. The pain is worse with movement and better with rest, medication. There is numbness and weakness in her right hand. On physical examination, there is diminished sensation in the right arm. There is pain over the right extensor tendons and radial wrist. There is positive Tinel's over the right ulnar wrist. Treatment to date has included wrist splints, physical therapy, chiropractic treatment, and medications, which include ibuprofen, Voltaren Gel, cyclobenzaprine, Topamax, gabapentin, Norco, Ultram, Lidoderm patch, Anaprox and Vicodin. Utilization review from April 23, 2014 certified the request for ibuprofen 800mg as guidelines recommend NSAIDs as first line therapy for pain; denied the request for Voltaren Gel as guidelines do not recommend this topical anti-inflammatory gel and there is no documentation of the patient's intolerance to similar medications to be taken on an oral basis; denied the request for cyclobenzaprine 10mg as guidelines do not recommend long-term use of muscle relaxants, there is no muscle spasm documented and there is no documented functional improvement from any previous use; and denied the request for Topamax 50mg as there is insufficient documentation to warrant the concurrent authorization of two anti-seizure medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100 gram #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 111-112.

Decision rationale: As stated on pages 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to support the use of topical NSAIDs (diclofenac) for treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to support the use for neuropathic pain. The patient has been on Voltaren Gel since August 2012 for chronic pain and for flare-ups. However, there is no diagnosis of osteoarthritis in the patient. Also, there is no evidence of pain relief or functional improvement with Voltaren Gel use. Moreover, there is no documentation of the intolerance to oral NSAIDs. The medical necessity for topical NSAIDs was not established. Therefore, the request for Voltaren Gel 100 gram #1 is not medically necessary.

Cyclobenzaprine 10mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: As stated on page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. The patient has been on cyclobenzaprine since April 2013 for spasm. The patient is on oral NSAIDs and there is no clinical finding that supports adjunct treatment with cyclobenzaprine. Also, extension of treatment is beyond guideline recommendation. The medical necessity for cyclobenzaprine was not established. Therefore, the request for cyclobenzaprine 10mg #100 is not medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-21.

Decision rationale: As stated on pages 16-21 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topiramate is considered for use for neuropathic pain when other anticonvulsants fail. The patient has been on Topamax since March 2014 for chronic neuropathic pain. However, the patient is on gabapentin for neuropathic pain. There is no discussion to warrant adjunct treatment with topiramate. The medical necessity for topiramate was not established. Therefore, the request for Topamax 50mg #60 is not medically necessary.