

Case Number:	CM14-0065706		
Date Assigned:	07/11/2014	Date of Injury:	03/29/2010
Decision Date:	12/03/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 43 year old female who sustained an industrial injury on 3-29-10. A review of the medical records indicates she is undergoing treatment for bilateral carpal tunnel syndrome, mild right cubital tunnel syndrome, right shoulder impingement, trapezial, paracervical, and parascapular strain, bilateral forearm tendonitis, and status post excision of right volar wrist ganglion cyst with FCR tenosynovectomy. Medical records (4-1-14) indicate complaints of pain and numbness in the right wrist and hand. She reports that the pain "will radiate up to the neck and shoulder". The physical exam reveals "mild" stiffness in the right shoulder with pain on range of motion. "Slight" trapezial and paracervical tenderness is noted. Impingement sign is positive in the right shoulder. "Slight" volar forearm tenderness is noted on the right and "mild" volar forearm tenderness is noted on the left. Tinel's and Phalen's tests are positive at the carpal tunnels bilaterally. The treating provider indicates that she has had "positive electrodiagnostic studies in the past". Treatment has included physical therapy, steroid injections in the right carpal tunnel, and medications. Her medications include Voltaren, Prilosec, and Mentherm gel. She has been receiving all medications since, at least, 2-18-14. The treating provider indicates that she requires a "stomach-protective" medication due to her history of gastroesophageal reflux disease. The treatment recommendation is to continue nonsteroidal anti-inflammatory medications and lotions, as well as request authorization for right carpal tunnel release. The utilization review (4-25-14) includes requests for authorization of Diclofenac ER 100mg #60, Mentherm ointment #120, and Omeprazole DR 20mg #60. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, diclofenac sodium ER 100 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; mild right cubital tunnel syndrome; right shoulder impingement; trapezial, paracervical and parascapular strain; and bilateral forearm tendinitis. The date of injury is March 29, 2010. Request for authorization is April 23, 2014. According to a February 18, 2014 progress note, the treating provider prescribed Voltaren ER, Prilosec and Menthoderm gel. The injured worker has a history of GERD. According to an April 1, 2014 progress note, subjective complaints include pain and numbness in the right wrist and hand. Objectively, the right shoulders stiff and there is tenderness over volar aspect of the forearm. There is a positive Phalen's and Tinel's. Diclofenac is not recommended as a first-line drug due to its increased risk profile. There is no documentation of failed first-line nonsteroidal anti-inflammatory drugs. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line nonsteroidal anti-inflammatory drugs (i.e. Motrin, Naprosyn) and the increased risk profile associated with diclofenac, diclofenac sodium ER 100 mg #60 is not medically necessary.

Menthoderm ointment, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentherm ointment #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is significantly better than placebo in acute and chronic pain, but especially acute pain. Topical salicylate was significantly better than placebo but larger more valid studies without significant effect. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; mild right cubital tunnel syndrome; right shoulder impingement; trapezial, paracervical and parascapular strain; and bilateral forearm tendinitis. The date of injury is March 29, 2010. Request for authorization is April 23, 2014. According to a February 18, 2014 progress note, the treating provider prescribed Voltaren ER, Prilosec and Mentherm gel. The injured worker has a history of GERD. According to an April 1, 2014 progress note, subjective complaints include pain and numbness in the right wrist and hand. Objectively, the right shoulders stiff and there is tenderness over volar aspect of the forearm. There is a positive Phalen's and Tinel's. There is no documentation of failed oral medications. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Methyl salicylate is significantly better in acute rather than chronic pain, but especially acute pain. The date of injury is March 29, 2010. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed oral analgesics, no documentation of failed first-line treatment with antidepressants and anticonvulsants and no documentation demonstrating objective functional improvement, Mentherm ointment #120 g is not medically necessary.

Omeprazole DR 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, omeprazole DR 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; mild right cubital tunnel syndrome; right shoulder impingement; trapezial, paracervical and parascapular strain; and bilateral forearm tendinitis. The date of injury is March 29, 2010. Request for authorization is April 23, 2014. According to a February 18, 2014 progress note, the treating provider prescribed Voltaren ER, Prilosec and Mentherm gel. The injured worker has a history of GERD. According to an April 1, 2014 progress note, subjective complaints include pain and numbness in

the right wrist and hand. Objectively, the right shoulders stiff and there is tenderness over volar aspect of the forearm. There is a positive Phalen's and Tinel's. Diclofenac is not recommended as a first-line drug due to its increased risk profile. There is no documentation of failed first-line nonsteroidal anti-inflammatory drugs. Diclofenac sodium ER 100 mg is not medically necessary (supra) and, as a result, proton pump inhibitors are not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole DR 20 mg #60 is not medically necessary.