

Case Number:	CM15-0131263		
Date Assigned:	07/17/2015	Date of Injury:	09/26/2012
Decision Date:	08/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 72 year old female who sustained an industrial injury on 09/26/2012. Mechanism of injury was from repetitive job duties. Diagnoses include carpal tunnel syndrome, trigger finger, DeQuervain's syndrome, and status post right carpal tunnel release on 11/25/2014. Treatment to date has included home wrist brace, physical therapy, exercise program, status post-surgery on the right wrist. Her pain medication is Tramadol. A physician progress note dated 06/04/2015 documents the injured worker complains of right wrist soreness. The incision was healed and there was tenderness at the carpal canal and a positive carpal compression test. There was tenderness over the right finger flexor tendon A1 pulley, positive carpal compression test. The treatment plan includes not refilling Tramadol. Treatment requested is for Duexis 800/26.6mg #90, Occupational therapy 3x6 for right wrist/hand, and Voltaren gel 1% 5-100mg tubes. The medication list include Tramadol, Duexis, Lorazepam, Meloxicam and Voltaren gel. The patient had received an unspecified number of the PT /OT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3x6 for right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: Request: Occupational therapy 3x6 for right wrist/hand. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT/OT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT /OT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT /OT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT/OT visits that is documented in the records provided. Previous PT/OT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT/OT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Occupational therapy 3x6 for right wrist/hand is not fully established for this patient.

Duexis 800/26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/15) Duexis® (ibuprofen & famotidine).

Decision rationale: Duexis 800/26.6mg #90. CA MTUS does not address this request. Per the ODG guidelines cited below Duexis is "Not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA, 2012) Ibuprofen (eg, Motrin, Advil) and famotidine (eg, Pepcid) are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs." A rationale for not using ibuprofen and famotidine as separate tablets is not specified in the records provided. The response to the individual medicines is not specified in the records provided. Therefore, the medical necessity of the combination (in one tablet) is not fully established. In addition, the records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Duexis 800/26.6mg #90 is not fully established in this patient.

Voltaren gel 1% 5-100mg tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs, Topical Analgesics Page(s): 67-70, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112, Topical Analgesics.

Decision rationale: Voltaren gel 1% 5-100mg tubes. Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient diclofenac diethylamine in the strength 11.6 mg/g (1.16% w/w) and non-medicinal ingredients include carbomer, cocoyl caprylocaprate, diethylamine, isopropyl alcohol, liquid paraffin, macrogol cetostearyl ether, perfume, propylene glycol, purified water. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Also, a doctor's note or prescription with the details of the medications prescribed or recommended was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The medical necessity of Voltaren gel 1% 5-100mg tubes is not established for this patient.