

<b>Case Number:</b>	CM15-0133117		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 48 year old female, who sustained an industrial injury on March 11, 2009. The injured worker was diagnosed as having status post left thumb carpometacarpal (CMC) arthroplasty, status post bilateral revision carpal tunnel release, and status post right thumb carpometacarpal (CMC) arthroplasty and capsular reconstruction. Treatments and evaluations to date have included occupational therapy and medication. Currently, the injured worker complains of continued pain in the base of both thumbs. The Primary Treating Physician's report dated May 5, 2015, noted the injured worker stable at the bases of both hands, with minimal swelling, and improved sensation in both hands. The injured worker was noted to have started her final round of therapy and after that would be considered permanent and stationary, considered temporarily totally disabled at that time. The treatment plan was noted to include medications dispensed including Voltaren, Prilosec, and Methoderm gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). The guidelines are specific re: the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history (which could include many other GI issues). The guidelines note that long-term PPI use increases the risk of hip fracture. The documentation provided noted the injured worker was on NSAID therapy and Omeprazole, a proton pump inhibitor (PPI) due to the injured worker's history of stomach upset with NSAIDs. As the current request for the NSAID Voltaren has not been found to be medically necessary, the request for Omeprazole 20 mg #60 is also not medically necessary.

**Menthoderm gel 120 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://lab.express-scripts.com/drug-trend-report/workers-compensation/physician-dispensed-medications>.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication of Mentoderm gel consists of Methyl Salicylate and Menthol. Methyl salicylate is an aspirin-type ingredient. The efficacy of non-steroid anti-inflammatory drugs (NSAIDs) in topical analgesics has been inconsistent, with no long term studies of their effectiveness or safety, recommended for short term use (4-12 weeks). The injured worker was noted to have been prescribed the Mentoderm gel since at least March 2015 without documentation of objective, measurable improvement in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), quality of life, or work status with its use. The treating physician's request did not include the site of application and as such, the prescription is not sufficient. Based on the MTUS guidelines, the documentation

provided did not support the request for Methoderm gel 120 grams and is not medically necessary.

**Voltaren 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Diclofenac Sodium.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for osteoarthritis recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect. There is no evidence of long-term effectiveness for pain or function. The Official Disability Guidelines (ODG) notes that Diclofenac sodium (Voltaren) is not recommended as a first line therapy due to Diclofenac's increased risk profile as it increases the risk of cardiovascular events by about 40%. Treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death, and physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. "With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered." The injured worker was noted to have prescribed Voltaren since at least September 2014, without documentation of a failed first line NSAID, or with an indication as to why the medication was prescribed or that the physician had discussed the cardiovascular risks with the injured worker. The documentation provided did not include any laboratory evaluations, or indication from the physician that the injured worker's transaminases were being monitored. The documentation provided did not include documentation of objective, measurable improvement in the injured worker's pain, function, work status, ability to perform specific activities of daily living (ADLs), or dependency on medical care with use of the Diclofenac. Therefore, based on the guidelines, the documentation provided did not support the request for Voltaren 100 mg #60 and is not medically necessary.