

Case Number:	CM15-0134461		
Date Assigned:	07/22/2015	Date of Injury:	09/13/2013
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on September 13, 2013, incurring bilateral arm and hand injuries from repetitive motions. She was diagnosed with a repetitive strain injury, right shoulder tendon tears, right carpal tunnel syndrome and worn cartilage of the right elbow. Treatment included physical therapy, heating pad, ice, injections, exercise, surgery, massage, pain medications, anti-inflammatory drugs, acupuncture, surgical interventions and hypnotherapy and work restrictions. Currently, the injured worker complained of persistent right upper extremity pain, neck pain and shoulder pain with decreased range of motion with flexion and extension. The treatment plan that was requested for authorization included prescriptions for Diclofenac, Dendracin cream and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Diclofenac tablet extended release sodium 100mg, 60, 60, refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug).

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

Decision rationale: The patient presents with diagnoses of right shoulder dysfunction (rotator cuff tear), right wrist cumulative trauma, status post scapholunate and triangular fibrocartilage complex reconstruction, persistent ulnar nerve cubital tunnel syndrome, chronic left wrist tendinitis, chronic cervical syndrome, carpal tunnel syndrome, right shoulder tendon tears and worn cartilage of the right elbow. The patient currently complains of persistent right upper extremity pain, neck pain and shoulder pain with decreased range of motion with flexion and extension. The current request is for Refill Diclofenac tablet extended release sodium 100mg, 60, refills 0. Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). The treating physician states in the 6/25/15 (35B) treating report, "She was started on Diclofenac and Dendracin cream. She finds that very helpful and continues to use it daily to provide pain relief. Her medications have been denied and we are appealing today. The medications help with the pain. She takes them in the morning and evening. They do not take the pain away completely, but she is able to do more movement. It is hard to tell which medication helps (Dendracin vs. Diclofenac) as she usually takes them in combination. She has been taking NSAIDs since 2014. She does not take this medication on a schedule basis, but does use this medication with analgesic benefit when the pain is bad." The QME states on 6/11/15 (47b) "the patient is not interested in additional surgery. The patient should receive medication such as mild opioids or nonsteroidal anti-inflammatories for pain control." MTUS is silent regarding Diclofenac. ODG states the following with regards to Diclofenac: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Even though Diclofenac is a NSAID, which are recommended as an option for short-term symptomatic relief of chronic back pain, due to its special risk profile the current request is not medically necessary.

Refill Dendracin cream #3, transdermal 1 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with diagnoses of a repetitive strain injury, right shoulder tendon tears, right carpal tunnel syndrome and worn cartilage of the right elbow. The patient currently complains of persistent right upper extremity pain, neck pain and shoulder pain with decreased range of motion with flexion and extension. The current request is for Refill Dendracin cream #3, transdermal 1 with no refills. Dendracin lotion contains methyl salicylate, capsaicin and menthol. Dendracin lotion is a topical analgesic. It works by temporarily relieving minor aches and pains caused by arthritis, simple backache, and strains. The treating

physician states in the 6/25/15 (35B) treating report, "She was started on Diclofenac and Dendracin cream. She finds that very helpful and continues to use it daily to provide pain relief. Her medications have been denied and we are appealing today. The medications help with the pain. She takes them in the morning and evening. They do not take the pain away completely, but she is able to do more movement. It is hard to tell which medication helps (Dendracin vs. Diclofenac) as she usually takes them in combination. She has been taking NSAIDs since 2014. She does not take this medication on a schedule basis, but does use this medication with analgesic benefit when the pain is bad." MTUS Guidelines regarding topical analgesics state, "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." MTUS goes further to state, "A record of pain and function with the medication should be recorded." In this case, the clinical records provided do not document a failure of any trials of antidepressants and/or anticonvulsants nor is a record of pain and function with the medication recorded. Additionally, there is no record included that documents when this medication was started or duration of treatment but it appears that the patient has been using this medication since at least 5/28/15 (57B). Based upon the medical documentation submitted for review, the current request is not medically necessary.

Refill Omeprazole delayed release capsule 20mg, 30 days, 60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The patient presents with diagnoses of a repetitive strain injury, right shoulder tendon tears, right carpal tunnel syndrome and worn cartilage of the right elbow. The patient currently complains of persistent right upper extremity pain, neck pain and shoulder pain with decreased range of motion with flexion and extension. The current request is for Refill Omeprazole delayed release capsule 20 mg, 30 days, 60 with no refills. Omeprazole is a proton pump inhibiting medication used to reduce the amount of acid produced by the stomach. The treating physician states in the 7/8/15 (26B) treating report, "current medications taking, Omeprazole 20 mg delayed release capsule 1 cap(s) once a day." The clinical history does not document how long the patient has taking this medication but usage can be traced back to at least 5/28/15 (57b). MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the records provided do not document dyspepsia secondary to NSAID therapy nor a documented GI assessment. Therefore, the current request is not medically necessary.