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| Case Number: | CM15-0180370 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 10/14/1996 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 60 year old female who sustained an industrial injury on 10-14-1996. A review of medical records indicates the injured worker is being treated for bilateral carpal tunnel syndrome, impingement bilateral shoulders, bilateral upper extremity pain, and status post right subacromial anterior decompression. Medical records dated 8-28-2015 noted hand, elbow, shoulder, back, and neck pain. It was noted that they were getting worse. Pain scale was unavailable. Physical examination noted traps were tight, right more than left. Shoulder AF 90-90 and AA 80-80. Elbows had lateral tenderness bilaterally. There were +3 spasms to the trapezius on the right and +2 spasms on the left. Treatment has included physical therapy and medications (diclofenac and lidocaine since at least 6-12-2015 and Voltaren since at least 8-28-2015). Utilization review form dated 9-4-2015 non-certified Voltaren gel x 3 tubes, Diclofenac 15%-Lidocaine 10%, and ergonomic work station evaluation. The patient's surgical history include right shoulder surgery and knee surgery. The medication list includes Celebrex, Ambien and Prilosec. The patient has had NCV on 12/29/14 that revealed bilateral CTS. The patient sustained the injury due to cumulative trauma. The patient has a history of GI irritation with medication. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 3 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: 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. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms was not specified in the records provided. As per the cited guideline "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." Evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity of Voltaren gel 3 tubes is not established for this patient.

Diclofenac 15%/ Lidocaine 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: 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. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. As per the cited guideline "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." Evidence of diminished effectiveness of medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the cited guidelines, "Topical lidocaine, in the formulation of a

dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia" Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided , in this patient. Topical lidocaine is not recommended by MTUS in such a patient. The medical necessity of Diclofenac 15%/ Lidocaine 10% is not established for this patient.

Ergonomic work station evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Shoulder procedure Summary Online Version updated 08/06/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) Ergonomics interventions and Other Medical Treatment Guidelines MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations Medical and Occupational History Page 153 Medical and Occupational History.

Decision rationale: According to ACOEM guidelines cited here: "The review should include work tasks, exposures, and protection such as engineering controls, personal protective equipment, and ergonomic practices. Non-occupational exposures should be sought as well." Per the cited guidelines, ergonomic interventions were, "Recommended as an option as part of a return-to-work program for injured workers." A review of medical records indicates the injured worker is being treated for bilateral carpal tunnel syndrome, impingement bilateral shoulders, bilateral upper extremity pain, and status post right subacromial anterior decompression. Medical records dated 8-28-2015 noted hand, elbow, shoulder, back, and neck pain. It was noted that they were getting worse. Elbows had lateral tenderness bilaterally. There were +3 spasms to the trapezius on the right and +2 spasms on the left. The patient's surgical history include right shoulder surgery and knee surgery. The patient has had NCV on 12/29/14 that revealed bilateral CTS. Patient is being treated with medications and conservative therapy and continues to have pain. In this situation an ergonomic evaluation can detect reversible, position related, causes of aggravation of her musculoskeletal conditions. The request for Ergonomic workstation evaluation is deemed medically appropriate and necessary in this patient.