

Case Number:	CM15-0184661		
Date Assigned:	09/25/2015	Date of Injury:	11/12/2013
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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, 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 50 year old female, who sustained an industrial injury on 11-12-13. She reported neck and right upper extremity pain. The injured worker was diagnosed as having cervical degenerative disc disease, cervical pain, and cervical herniated nucleus pulposus. Treatment to date has included left thumb tenosynovectomy on 11-11-14, at least 18 hand therapy sessions, steroid injections, and medication. Physical examination findings on 3-4-15 included full cervical spine range of motion with tightness at terminal motion and pain with extension. Upper extremity sensation to light touch was diminished on the right over the C6 dermatome and upper extremity strength was full in all muscle groups. Spurling's test reproduced the patient's symptoms. Tenderness to palpation was present in the right paraspinal, trapezius, and rhomboid muscles. No muscle spasm was noted. The injured worker had been using Mentherm ointment, Omeprazole, and Voltaren since at least November 2014. The injured worker's pain ratings were not noted in the provided documentation. On 3-25-15, the injured worker complained of neck pain with radiation to bilateral shoulders and right arm. Pain, tingling, and numbness were noted in bilateral thumbs. The treating physician requested authorization for retrospective Mentherm ointment 120g, Omeprazole 20mg #60, and Voltaren 100mg #60 all for the date of service 4-2-15. On 9-10-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm ointment 120g (DOS: 4/2/15): 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, retrospective Mentherm ointment #120 g data service April 2, 2015 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 status post left trigger thumb release; right trigger thumb; bilateral thumb CMC arthrosis; bilateral forearm tendinitis; trapezium, paracervical and parascapular strain; and cervical arthrosis. Date of injury is November 12, 2013. Request for authorization is September 5, 2015. According to a progress note dated May 29, 2014, the treating provider prescribed omeprazole and Voltaren. According to a July 10, 2014 progress, the treating provider prescribed Mentherm. According to an April 2, 2015 progress note, subjective complaints include pain and stiffness at the thumb pain in the cervical spine. Objectively, there is a 5 flexion contracture of the right thumb with no tenderness. The treating provider recommended physical therapy and a continuation of all medications. The injured worker has been taking Voltaren gel in excess of one year. The documentation does not demonstrate objective functional improvement. Additionally, the location for application is not specified (thumb versus cervical spine). Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no documentation indicating failed first-line treatment with antidepressants and anticonvulsants, retrospective Mentherm ointment #120 g data service April 2, 2015 is not medically necessary.

Retrospective Omeprazole 20mg, #60 (DOS: 4/2/15): 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, retrospective omeprazole 20 mg #60 date of service April 2, 2015 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 status post left trigger thumb release; right trigger thumb; bilateral thumb CMC arthrosis; bilateral forearm tendinitis; trapezium, paracervical and parascapular strain; and cervical arthrosis. Date of injury is November 12, 2013. Request for authorization is September 5, 2015. According to a progress note dated May 29, 2014, the treating provider prescribed omeprazole and Voltaren. According to a July 10, 2014 progress, the treating provider prescribed Methoderm. According to an April 2, 2015 progress note, subjective complaints include pain and stiffness at the thumb pain in the cervical spine. Objectively, there is a 5 flexion contracture of the right thumb with no tenderness. The treating provider recommended physical therapy and a continuation of all medications. There is no documentation of failed first line nonsteroidal anti-inflammatory drug use. Voltaren is not clinically indicated. There is no clinical indication or rationale for proton pump inhibitors in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical indication or rationale for Voltaren, and no clinical indication or rationale for a proton pump inhibitor, retrospective omeprazole 20 mg #60 date of service April 2, 2015 is not medically necessary.

Retrospective Voltaren 100mg, #60 (DOS: 4/2/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Diclofenac.

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, retrospective Voltaren 100 mg #60 date of service April 2, 2015 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 status post left trigger thumb release; right trigger thumb; bilateral thumb CMC arthrosis; bilateral forearm tendinitis; trapezium, paracervical and parascapular strain; and cervical arthrosis. Date of injury is November 12, 2013. Request for authorization is September 5, 2015. According to a progress note dated May 29, 2014, the treating provider prescribed omeprazole and Voltaren. According to a July 10, 2014 progress, the treating provider prescribed Methoderm. According to an April

2, 2015 progress note, subjective complaints include pain and stiffness at the thumb pain in the cervical spine. Objectively, there is a 5 flexion contracture of the right thumb with no tenderness. The treating provider recommended physical therapy and a continuation of all medications. There is no documentation of failed first line nonsteroidal anti-inflammatory drug use. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with a clinical indication or rationale for Voltaren and no documentation of failed first-line nonsteroidal anti-inflammatory drug use (Motrin or Naprosyn), retrospective Voltaren 100 mg #60 date of service April 2, 2015 is not medically necessary.