

<b>Case Number:</b>	CM15-0184766		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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, with a reported date of injury of 11-12-2013. The diagnoses include bilateral trigger finger synovitis, and pain in the limb. Treatments and evaluation to date have included physical therapy, Tylenol, Advil, and Mobic. The diagnostic studies to date have not been included in the medical records. The medical report dated 02-14-2014 indicates that the injured worker complained of pain over both thumbs. Her pain level was rated 8 out of 10. There was also pain in the neck and upper arm. The objective findings include pain, swelling, normal range of motion of the neck in all planes with complaint of right neck and trapezius pain; limited right shoulder range of motion with pain; right shoulder abduction at 160 degrees; diffuse tenderness; normal range of motion of the right elbow without pain; no triggering on the right or left; intact sensation to light touch; and a few Bouchard's nodes over the proximal interphalangeal (PIP) joints and small Herberden's changes, consistent with mild bilateral osteoarthritis. It was noted that x-rays of the right hand was positive for osteoarthritis. The injured worker was placed on modified duty. The medical report dated 06-02-2014 indicates that the injured worker complained of pain in both thumbs, which was rated 9 out of 10. Her current work status was modified duty. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Methoderm ointment 120 grams (date of service: 04-09-2014), Omeprazole 20mg #60 (date of services: 04-09-2014), and Voltaren 100mg #60 (date of service 05-14-2014). On 08-27-2015, Utilization Review (UR) non-certified the request for Methoderm ointment 120 grams (date of service: 04-09-2014), Omeprazole 20mg #60 (date of services: 04-09-2014), and Voltaren 100mg #60 (date of service 05-14-2014).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Methoderm ointment 120g for DOS 4/9/14: Overturned**

**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 rationale:** The claimant sustained a work injury in November 2013 and was being treated for bilateral thumb pain due to repetitive motion with overuse syndrome. She has a history of gastroesophageal reflux disease. When seen, she was at light duty. There were findings consistent with mild osteoarthritis of the hands. There was swelling over the thumbs. There was flexor nodules without triggering. There was decreased strength with normal sensation. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic thumb pain due to osteoarthritis and flexor tenosynovitis and had only responded partially to other conservative treatments. She had localized peripheral pain that would be amenable to topical treatment. Generic medication is available. Methoderm was medically necessary.

### **Retrospective Omeprazole 20mg #60 for DOS 4/9/14: Overturned**

**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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in November 2013 and was being treated for bilateral thumb pain due to repetitive motion with overuse syndrome. She has a history of gastroesophageal reflux disease. When seen, she was at light duty. There were findings consistent with mild osteoarthritis of the hands. There was swelling over the thumbs. There was flexor nodules without triggering. There was decreased strength with normal sensation. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant has a history of gastroesophageal reflux disease and was subsequently prescribed diclofenac at the next visit. Omeprazole was medically necessary.

**Retrospective Voltaren 100mg #60 for DOS 5/14/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in November 2013 and was being treated for bilateral thumb pain due to repetitive motion with overuse syndrome. She has a history of gastroesophageal reflux disease. When seen, she was at light duty. There were findings consistent with mild osteoarthritis of the hands. There was swelling over the thumbs. There was flexor nodules without triggering. There was decreased strength with normal sensation. Methoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic thumb pain due to osteoarthritis and flexor tenosynovitis and had only responded partially to other conservative treatments. She had localized peripheral pain that would be amenable to topical treatment. Generic medication is available. Methoderm was medically necessary. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the claimant had chronic persistent pain due to osteoarthritis and tenosynovitis and the requested dosing was within guideline recommendations. Diclofenac was medically necessary.