

Case Number:	CM15-0185818		
Date Assigned:	09/28/2015	Date of Injury:	12/08/2003
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
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: 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 57 year old female, who sustained an industrial injury on 12-08-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for carpal tunnel syndrome, wrist pain, and elbow pain. Medical records (03-26-2015 to 07-02-2015) indicate ongoing bilateral elbow, wrist and hand pain. Pain levels were 8 out of 10 on a visual analog scale (VAS) with medications and 10 out of 10 without medications. The pain level remained at these levels throughout this period. However, the progress report dated 08-27-2015 showed pain levels of 4 out of 10 with medications and 6 out of 10 without medications. There were no reported changes in medications or new treatments between 07-02-2015 and 08-27-2015. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work, but is reported to be volunteering at a historical society. The physical exam, dated 08-27-2015, revealed tenderness to palpation over the medial epicondyle of both elbows, positive Tinel's sign in both wrist, tenderness to palpation over the radial side and ulnar side of the right wrist, decreased sensation over the index finger, ring finger and little finger of both hands, and slightly decreased motor function in the wrist extensors, abductor pollicis brevis and abductor digiti minimi on both sides. There were no noted changes from the previous exam on 07-02-2015. Relevant treatments have included physical therapy (PT), acupuncture, work restrictions, and pain medications (Voltaren gel and Flector patches since at least 03-2015). The treating physician indicates that urine drug screening have been consistent with prescribed medications. The request for authorization (09-04-2015) shows that the following medications were requested: Voltaren gel 1% with 1 refill, and Flector patches 1.3% #30 with 1 refill. The original utilization review (09-17-2015) non-certified the request for Voltaren gel 1% with 1 refill, and Flector patches 1.3% #30 with 1 refill. The

patient has had EMG in 4/2014 that revealed chronic cervical radiculopathy. The medication list include Lyrica, Celebrex, Voltaren gel and Flector patch. The patient had received an unspecified number of massage, acupuncture and PT visits for this injury. Patient had received right elbow injection in 2013A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. On review of systems the patient does not have any complaints of the gastrointestinal tract.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Voltaren gel 1% with 1 refill: 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 rationale: 1 Prescription of Voltaren gel 1% with 1 refill. Voltaren Gel is a topical gel that contains the active ingredient Diclofenac. 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 anti-depressants and anti-convulsants 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 anti-depressants and anti-convulsants have failed to relieve symptoms. The medication list contains Lyrica. The detailed response of the Lyrica for this injury was not specified in the records provided. Intolerance or contraindication to oral medications 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 1 percent 2-3 times a day is not established for this patient.

1 Prescription of Flector 1.3% patch #30 with 1 refill: 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 (updated 10/09/15) Flector® patch. Flector patch contains Diclofenac.

Decision rationale: 1 Prescription of Flector 1.3% patch #30 with 1 refill. The MTUS Chronic Pain 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 anti-depressants and anti-convulsants have failed." Intolerance or contraindication to oral medications was not specified in the records provided. Per the records provided evidence of neuropathic pain was not specified in the records provided. MTUS

guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. The medication list contains Lyrica. The detailed response of the Lyrica for this injury was not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. In addition, according to the ODG guidelines, Flector patch is FDA indicated for acute strains, sprains, and contusions. The ODG guidelines also state that, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The medical necessity of the request for Prescription of Flector 1.3% patch #30 with 1 refill is not fully established in this patient.