

Case Number:	CM15-0205817		
Date Assigned:	10/22/2015	Date of Injury:	06/16/2000
Decision Date:	12/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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, Arizona
 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 63 year old female, who sustained an industrial-work injury on 6-16-00. She reported initial complaints of bilateral wrist pain. The injured worker was diagnosed as having pain in joint, shoulder region, wrist, and cervical regions. Treatment to date has included topical and oral medication, diagnostics, psychiatric evaluation, and surgery (drainage of left dorsal ganglion cyst on 5-20-02, right trigger finger in 5-2015). EMG-NCV (electromyography and nerve conduction velocity test) was reported on 12-14-04 to report bilateral carpal tunnel syndrome worse on the left, no clear evidence of cervical radiculopathy or other focal peripheral neuropathies other than medial nerve. Currently, the injured worker complains of bilateral wrist pain rated 5 out of 10 with medication, with decreased activity level and poor quality of sleep. Medications included Aciphex, Cymbalta, Salonpas patch, Ultram 50 mg, Voltaren gel 1%, Cozaar, Hydrochlorothiazide, Metformin, and Simvastatin. Per the primary physician's progress report (PR-2) on 9-17-15, exam noted right shoulder has positive Hawkins with tenderness in the acromioclavicular joint, biceps groove, and subdeltoid bursa. Both wrists have restricted range of motion with tenderness over ulnar side. Right hand has palpable nodule on palm, pain with movement, numbness. Both have painful range of motion with flexion at the metacarpophalangeal joint of the middle finger limited to degrees and flexion at the metacarpophalangeal joint of the ring finger limited to degrees, and tenderness over the metacarpophalangeal joint of the middle finger and ring finger. Current plan of care includes refill medication: use Tramadol very sparingly, Cymbalta for neuropathy and depression, Aciphex for stomach issues due to chronic med use, Salonpas for reduction in pain from 8 out of 10 to 5 out

of 10, Voltaren gel to reduce pain by 70% with ease of doing ADL's (activities of daily living). The Request for Authorization requested service to include Cymbalta 60mg 1 daily, qty: 30 refills: 2, Salonpas patch apply to affected area daily, qty: 30 refills: 2, Aciphex 20mg 1 daily, qty: 30 refills: 2, Voltaren 1% gel 100g tube, apply to affected body part, 2-3 times per day as needed, qty: 3 refills: 2, and Ultram 50mg, 1 tab 2-3 daily as needed, qty: 75 refills: 2. The Utilization Review on 9-30-15 denied the request for Cymbalta 60mg 1 daily, qty: 30 refills: 2, Salonpas patch apply to affected area daily, qty: 30 refills: 2, Aciphex 20mg 1 daily, qty: 30 refills: 2, Voltaren 1% gel 100g tube, apply to affected body part, 2-3 times per day as needed, qty: 3 refills: 2, and partial certification of single fill of Ultram 50mg, 1 tab 2-3 daily as needed, qty: 75 refills: 0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg 1 daily, qty: 30 refills: 2: Upheld

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): Antidepressants for chronic pain.

Decision rationale: CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, and duration, and psychological assessment. Within the submitted records, it is noted the Cymbalta is for chronic pain and associated depression, but there is no mention of significantly improved mood, pain, and/or function attributed to the Cymbalta. Ongoing use at this time is not medically necessary.

Salonpas patch apply to affected area daily, qty: 30 refills: 2: Upheld

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): Capsaicin, topical.

Decision rationale: Salonpas patches contain Menthol and Capsaicin. Capsaicin is supported in the MTUS for those individuals who are intolerant to other treatments, for the management of a chronic pain condition. There is no mention of intolerance to oral medications or treatments. It is noted that the combination of Salonpas and Voltaren improves pain from 8/10 to 5/10 and improves ability to participate in ADLs, but without knowing whether there is intolerance to FDA approved doses of oral alternatives, this request is not medically necessary.

Aciphex 20mg 1 daily, qty: 30 refills: 2: Upheld

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, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). Those on NSAIDs at high risk for GI events should be considered for antacid therapy. Factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID use. There is no recent mention of NSAID related dyspepsia, or significant risk for GI events. The Aciphex is noted to reduce stomach issues related to chronic medication use though this was not specified. As such, this request is not medically necessary.

Voltaren 1% gel 100g tube, apply to affected body part, 2-3 times per day as needed, qty: 3 refills: 2: Upheld

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): Topical Analgesics.

Decision rationale: The MTUS guidelines specifically state regarding 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period." Voltaren is an approved agent indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the hands, wrists, knees, ankles, and feet. It has not been evaluated for treatment of spine, hip, or shoulder conditions. The injured worker is not noted to have severe osteoarthritis involving the hand/wrists; only carpal tunnel and topical NSAIDs are not supported for neuropathic pain conditions. Furthermore, there are diagnoses of neck and shoulder pain and the topical NSAIDs are not recommended for topical application to these regions. Though this gel provides significant pain relief, there is no mention of intolerance to oral agents such as Acetaminophen or NSAIDs at FDA approved doses. At this time, the request is not medically necessary.

Ultram 50mg, 1 tab 2-3 daily as needed, qty: 75 refills: 2: Upheld

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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (The 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). The Tramadol is noted as being used sparingly, in part because of the other topical medications for pain. There is no significant improvement in ADLs attributed to use of Tramadol. Ongoing use as such, is not medically necessary.