

Case Number:	CM15-0022528		
Date Assigned:	02/12/2015	Date of Injury:	04/10/2010
Decision Date:	03/25/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/06/2015

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
 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 51 year old male, who sustained an industrial injury on 4/10/10. He has reported pain and numbness of bilateral hands. The diagnoses have included bilateral carpal tunnel release, right median nerve decompression and right tenosynovial flap nerve wrap and pain in limb. Treatment to date has included physical therapy, oral medications, right wrist brace and carpal tunnel release. Currently, the injured worker complains of bilateral hand pain. On physical exam dated 2/3/15 the injured worker noted 20% reduction in pain with Tramadol. Mild tenderness is noted to palpation over the wound area with mild swelling of right wrist. On 2/5/15 Utilization Review non-certified Voltaren gel with 1 refill and Cymbalta 60mg #30 with 1 refill, noting the requested medical documentation necessary to complete the review was not received. The ACOEM was cited. On 2/5/15, the injured worker submitted an application for IMR for review of Voltaren gel with 1 refill and Cymbalta 60mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, such as Voltaren gel, as a treatment modality. These guidelines state the following: Topical analgesics are 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the records suggest that Voltaren gel is being prescribed for chronic neuropathic pain. Per the above cited guidelines, this is not a recommended use for Voltaren. Further, the records suggest that Voltaren is being used as a long-term treatment modality, which is also not a recommended use for Voltaren. For these reasons, Voltaren gel is not considered as a medically necessary treatment.

Cymbalta 60mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antidepressants as a treatment modality. These guidelines state the following: Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological

assessment. Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. In this case, there is insufficient evidence as to whether this patient has received an adequate trial of a tricyclic antidepressant; which is recommended as first-line treatment. There is also insufficient evidence that the use of Cymbalta has included an ongoing assessment of treatment efficacy including pain outcomes, a functional assessment, its impact on use of other medications, sleep, mood and psychological assessment. The patient does not have diabetic neuropathy, the specific condition for which Cymbalta is recommended as a first-line option. For these reasons, the use of Cymbalta is not considered as medically necessary.