

Case Number:	CM15-0223219		
Date Assigned:	11/19/2015	Date of Injury:	10/09/2012
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 63 year old male, who sustained an industrial injury on 10-09-2012. A review of the medical records indicates that the worker is undergoing treatment for repetitive strain injury of the bilateral upper extremities with lateral epicondylitis, status post bilateral carpal tunnel release surgery and left fourth finger flexor tenosynovitis with intermittent triggering. Treatment has included Gralise (since at least 05-13-2015), Voltaren gel (since at least 05-13-2015), Cortisone injection and a home exercise program. There was minimal medical documentation submitted for review. Subjective findings (05-13-2015) included significant improvement of left fourth trigger finger pain following cortisone injection and improved numbness. The worker was noted to have been prescribed Gralise but had stopped the medication and then restarted it and was now taking it regularly. Voltaren gel was noted as being used on an intermittent basis. The level of effectiveness of these medications was not discussed. Objective findings showed mild tenderness over the bilateral dorsal and volar wrists and positive bilateral Tinel's sign. Subjective complaints (08-19-2015) included recurrence of pain and triggering in the left fourth digits with improved numbness in the bilateral hands. Objective findings (08-19-2015) included mild tenderness of the dorsal and volar wrists, some discomfort and palpation over the palms of the hands, tenderness over the flexor tendon at the A1 pulley and positive Tinel's sign bilaterally. The physician noted that the worker was status post Cortisone injection for the left fourth finger and had improvement of symptoms for about 6 weeks but was experiencing a recurrence of symptoms. The treatment plan included continued Gralise and Voltaren gel and hand therapy. There was no documentation of the effectiveness of Gralise and Voltaren gel at relieving pain or any documentation of objective functional improvement or improved quality of life with use. There was no documentation of an intolerance to oral

pain medication or failure of first line therapeutic agents. A utilization review dated 10-14-2015 non-certified requests for Gralise 600 mg, #90 (x3 with dinner) and Voltaren 1% gel (3x a day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg, #90 (x3 with dinner): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." With regard to medication history, the injured worker has been using this medication since at least 3/2015. Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." As the documentation submitted for review does not contain documentation of pain relief and improvement in function associated with the use of Gralise, the request is not medically necessary.

Voltaren 1% gel (3x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) 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. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." While it is noted that the injured worker suffers from elbow and wrist pain, per the medical records, he has been using this medication since at least 3/2015. As it is only recommended for short-term use, medical necessity cannot be affirmed. The request is not medically necessary.