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| <b>Case Number:</b>   | CM15-0042849 |                              |            |
| <b>Date Assigned:</b> | 03/13/2015   | <b>Date of Injury:</b>       | 07/12/2013 |
| <b>Decision Date:</b> | 04/16/2015   | <b>UR Denial Date:</b>       | 02/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2015 |

### 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: Emergency Medicine

### 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 was a 34-year-old female, who sustained an industrial injury, July 12, 2013. The injury was sustained when the injured worker tripped over a concrete barrier with the left arm extended. There was immediate pain and swelling in the left wrist. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, home exercise program, LidoPro Topical cream, Acetaminophen, paraffin bath treatment, MRI of the left wrist, menthoderm topical ointment, Tylenol #3 and functional evaluation on August 31, 2014. The injured worker was diagnosed with left wrist pain, closed fracture of left scaphoid of the wrist, wrist contusion, wrist sprain/strain and insomnia. According to progress note of February 13, 2015, the injured workers chief complaint was left wrist pain. The physical exam noted the injured worker had full range of motion to the left worst. That medications and TENS (transcutaneous electrical nerve stimulator) unit helped with the left wrist pain. The injured worker was released to return to work with restriction. The treatment plan included renewal for prescriptions for Omeprazole, Docuprene, TENS (transcutaneous electrical nerve stimulator) unit patches, Tylenol #3 and a new prescription for Voltaren Gel, due to discontinuation of LidoPro Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprene 100mg #50: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Docusate is a medication used for constipation. As per MTUS Chronic pain guidelines, patients on chronic opioid use should be placed on constipation prophylaxis. However, the Tylenol #3 that was requested in this review is deemed not medically necessary therefore, docuprene is also not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) patch x2 pairs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is recommended if use adjunctively with functional restoration program but in this case, there is no documentation of such a program. There is no documented short and long-term goal for the TENS. There is no documentation of any objective pain improvement or function with current use of TENS just subjective claim of it being "helpful". Patient has reported subjective improvement only and current documentation does not support a successful 1-month trial of TENS. PT does not meet any criteria to recommend TENS. TENS and supplies related to it is not medically necessary.

**Tylenol #3, 30/30mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Opioids; criteria for use, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tylenol #3 is acetaminophen and codeine, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. MTUS guidelines recommend short-term use of opioids. There is no documentation of any objective improvement with tylenol #3 and patient "does not like" this medication. The provider has documented acetaminophen only so it is unclear why it was

requested. Documentation also fails appropriate monitoring documentation. Tylenol #3 is not medically necessary.

**Voltaren Gel 1% one tube:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient was previously on Lidopro which also contains a topical NSAID and was switched to voltaren gel due to denial of Lidopro. A short-term trial of voltaren gel for wrist related pain may be beneficial. Voltaren gel is medically necessary.