

Case Number:	CM15-0058536		
Date Assigned:	04/03/2015	Date of Injury:	05/31/2013
Decision Date:	05/08/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/27/2015

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: 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 59 year old female who sustained an industrial injury on 5/31/13 from a trip and fall resulting in left knee and right wrist pain. She had x-rays of right and left knee and they were normal. She was diagnosed with knee/wrist/ leg sprain/ strain. She was prescribed a cane, hot/cold therapy pack, moist heating pad, knee sleeve, wrist splint, physical therapy, Etodolac. She currently complains of constant right elbow and shoulder pain (9/10), constant, burning right wrist pain (8/10) with pins and needles going up to right elbow and shoulder and worsening left wrist pain (7/10) with thumb and index finger numbness. She has difficulty with activities of daily living. Medications are Tramadol and gabapentin. Diagnoses include right carpal tunnel syndrome, status post-surgery 2/18/14; probable left carpal tunnel syndrome; left knee pain; diabetes. Treatments to date include hand therapy which was not effective; brace cane; hot/cold therapy pack; moist heating pad; knee sleeve; wrist splint; physical therapy; medications. In the progress note dated 2/17/15 the treating provider's plan of care included continuing gabapentin and starting Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 4 Percent 3 Times per Day As Needed 200 MG with 3 Refills: Upheld

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

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

Decision rationale: The patient presents with constant right elbow and shoulder pain (9/10), constant, burning right wrist pain (8/10) with pins and needles going up to right elbow and shoulder and worsening left wrist pain (7/10) with thumb and index finger numbness. The request is for VOLTAREN GEL 4 PERCENT 3 TIMES PER DAY AS NEEDED 200MG WITH 3 REFILLS. There is no RFA provided for this request and the patient's date of injury is 05/31/13. Diagnoses include right carpal tunnel syndrome, status post-surgery 2/18/14; probable left carpal tunnel syndrome; left knee pain; diabetes. Per 02/17/15 report, physical examination revealed tenderness on dorsum of wrist and hand extensor tendons and medial aspect of right elbow. Left wrist is positive for Tinel's sign and Phalen's test. Left knee cap has tenderness and there is a decreased range of motion. EMG/NCV of the left upper extremity, performed on 02/14/15 revealed moderately severe left CTS. Current medications are Voltaren Gel and Gabapentin. The patient is working on modified duty. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. 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." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Per 02/17/15, treater has requested for Voltaren Gel 4% to be used three times daily for pain. Per provided medical report, Voltaren Gel was prescribed to the patient at least since 12/02/14. The patient presents with peripheral joint pain, for which an NSAID topical would be indicated. NSAID topical is not indicated for shoulder conditions. There are no discussions regarding location that will be treated, nor medication efficacy. Furthermore, MTUS does not support long-term use of topical NSAID's and the request includes 3 refills. Therefore, the request for Voltaren Gel 4% with 3 refills IS NOT medically necessary.

Gabapentin 100 MG At Bedtime #30 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with constant right elbow and shoulder pain (9/10), constant, burning right wrist pain (8/10) with pins and needles going up to right elbow and shoulder and worsening left wrist pain (7/10) with thumb and index finger numbness. The request is for GABAPENTIN 100MG AT BEDTIME #30 WITH 3 REFILLS. The provided RFA is dated 12/02/14 and the patient's date of injury is 05/31/13. Diagnoses include right

carpal tunnel syndrome, status post-surgery 2/18/14; probable left carpal tunnel syndrome; left knee pain; diabetes. Per 02/17/15 report, physical examination revealed tenderness on dorsum of wrist and hand extensor tendons and medial aspect of right elbow. Left wrist is positive for Tinel's sign and Phalen's test. Left knee cap has tenderness and there is a decreased range of motion. EMG/NCV of the left upper extremity, performed on 02/14/15 revealed moderately severe left CTS. Current medications are Voltaren Gel and Gabapentin. The patient is working on modified duty. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." Per 12/02/14, treater initiated a trial of Gabapentin to be taken at bedtime. The patient was prescribed Gabapentin per treater reports dated 12/2/14 and 02/17/15. In this case, the patient has a diagnosis of carpal tunnel syndrome to which Gabapentin is indicated. However, there is no documentation provided of functional improvement to warrant the request that includes 3 refills. Due to lack of documentation, the request for Gabapentin IS NOT medically necessary.