

Case Number:	CM14-0134960		
Date Assigned:	08/27/2014	Date of Injury:	09/19/2002
Decision Date:	10/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured on 09/19/02. Diagnoses included cervical myofascial pain with underlying cervical degenerative disc disease with significant flare up and right carpal tunnel syndrome. Clinical note dated 07/09/14 indicated the injured worker presented complaining of flare up of right sided neck pain radiating to the right shoulder with intermittent spasms of the trapezius muscle. The injured worker also complained of headaches intermittently with ongoing numbness in the third and fourth finger on the right side. The injured worker previously evaluated on 01/22/14 and provided trigger point injections over the neck with improvement in symptoms. The injured worker requested refill of all medications. Physical examination revealed restricted cervical spine range of motion and bilateral torsion and associated discomfort, tenderness over the right trapezius muscle, negative Spurling, mildly painful right shoulder mobility in external and internal rotation, and positive Tinel and Phalen sign at the right wrist consistent with carpal tunnel syndrome. Treatment plan included acupuncture therapy six sessions, home exercise stretching program, wrist splinting for nighttime use, and refill of medications including Lidoderm 5% patch, Voltaren gel 1%, and Tramadol 50mg. The initial requests were non-certified on 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines: Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Voltaren Gel (diclofenac) Page(s): 112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for Voltaren gel 1 percent 2-3x/day PRN for pain cannot be recommended as medically necessary at this time.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines: Opioids, specific drug list Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Tramadol 50mg 1 tab PO BID PRN #60 cannot be recommended as medically necessary at this time.

Lidoderm 5% Patches #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Criteria for use of Lidoderm patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore Lidoderm 5 percent Patches for local application, 12 hrs on, 12 hrs off #1 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.