

<b>Case Number:</b>	CM14-0181318		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Anesthesiology; has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 5/27/12 date of injury. At the time (10/1/14) of request for authorization for Kera Tek analgesic gel, Diclofenac 75mg #60, one tablet my mouth twice a day, 2 refills, and Tylenol #3 (Codeine 30/Acetaminophen 300) #90, one to two tablets by mouth every 8 hours as needed, 2 refills, there is documentation of subjective (right wrist, right hand, and left finger pain) and objective (decreased right wrist range of motion, tenderness over dorsal as well as anterior right wrist/hand, and decreased right wrist grip strength) findings, current diagnoses (status post right ring finger trigger release and stenosing tenosynovitis of right thumb), and treatment to date (medications (including ongoing treatment with Diclofenac and Tylenol #3)). Medical report identifies a pain-treatment agreement for opioid therapy. Regarding Kera Tek analgesic gel, there is no documentation of neuropathic pain; and that trials of antidepressants and anticonvulsants have failed. Regarding Diclofenac 75mg #60, one tablet my mouth twice a day, 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diclofenac use to date. Regarding Tylenol #3 (Codeine 30/Acetaminophen 300) #90, one to two tablets by mouth every 8 hours as needed, 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tylenol #3 use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera Tek analgesic gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of status post right ring finger trigger release and stenosing tenosynovitis of right thumb. However, despite documentation of pain, there is no documentation of neuropathic pain; and that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Kera Tek analgesic gel is not medically necessary.

**Diclofenac 75mg #60, one tablet by mouth twice a day, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. ODG identifies that Diclofenac is not used as first line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post right ring finger trigger release and stenosing tenosynovitis of right thumb. In addition, there is documentation of pain; and Diclofenac is not used as first line therapy. However, given documentation of ongoing treatment with Diclofenac, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diclofenac use to date. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac 75mg #60, one tablet by mouth twice a day, 2 refills is not medically necessary.

**Tylenol #3 (Codeine 30/Acetaminophen 300) #90, one to two tablets by mouth every 8 hours as needed, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or  
Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post right ring finger trigger release and stenosing tenosynovitis of right thumb. In addition, given documentation of a pain-treatment agreement for opioid therapy, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Tylenol #3, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tylenol #3 use to date. Therefore, based on guidelines and a review of the evidence, the request for Tylenol #3 (Codeine 30/Acetaminophen 300) #90, one to two tablets by mouth every 8 hours as needed, 2 refills is not medically necessary.