

Case Number:	CM14-0184603		
Date Assigned:	11/12/2014	Date of Injury:	08/06/1999
Decision Date:	12/18/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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 Physical Medicine and Rehabilitation, Pain 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 63-year-old female who reported an injury on 08/06/1999 due to unknown mechanism. Diagnoses were lateral epicondylitis, de Quervain's tenosynovitis, chronic neck pain, and trigger finger. Physical examination on 10/17/2014 revealed that the injured worker was approved for 3 physical therapy visits. The injured worker reported continued elevated neck/arm/wrist/hand pain. The injured worker reported continued neck and upper back pain, weakness of the right hand and numbness of both hands. It was noted that the H wave unit helped some with hand/arm function and pain control and that the cervical traction unit helped with neck function. The injured worker wears a wrist splint nightly. It was reported that the injured worker still wears over the counter elbow sleeves and Isotoner gloves, and they help some with arm function. Examination revealed right lateral epicondyle tenderness to palpation, right radial were tenderness to palpation. EMG/NCS of the right upper extremity revealed mild/moderate right carpal tunnel syndrome. Treatment plan was for topical NSAID/analgesic for topical control of pain/inflammation. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 10/17/14 Topical NSAID/Analgesic 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Indications for use are osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. This medication is 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. For neuropathic pain, it is not recommended as there is no evidence to support its use. The efficacy of this medication was not reported. It also was not reported where this medication was to be used on the injured worker. The request does not indicate a frequency for the medication. There is a lack of documentation of objective functional improvement from the use of this medication. Therefore, this request is not medically necessary.