

Case Number:	CM14-0094006		
Date Assigned:	07/25/2014	Date of Injury:	05/08/2013
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 44-year-old female with a reported date of injury on 05/08/2013. The mechanism of injury was noted to be from repetitive job duties. Her diagnoses were noted to include right carpal tunnel syndrome, status post right dorsal ganglion excision, and compensatory left carpal tunnel syndrome. Her previous treatments were noted to include medications, cortisone injection, and a wrist splint. The progress note dated 03/04/2014 revealed complaints of numbness and tingling to the right hand and had started to develop numbness and tingling to the left. A physical exam of the upper extremity was performed and noted the wound on the right dorsal hand was well-healed, as well as a positive Tinel's and Phalen's on the right. There was also a positive Tinel's and Phalen's on the left. There was diminished sensation in all fingers on the right hand and slightly diminished sensation in the thumb and index finger on the left. The progress note dated 05/06/2014 revealed the injured worker had completed 12 physical therapy visits and it was helping slightly with her pain, but not the numbness and tingling. A physical exam of the upper extremities was performed, which revealed a positive Tinel's and Phalen's bilaterally. There was a positive median nerve compression test bilaterally. The injured worker had had extensive conservative care including cortisone injections, physical therapy, and anti-inflammatories. The provider indicated a carpal tunnel release would be the best option. Her medications were noted to include Voltaren 100 mg to be taken twice a day with food #60, Prilosec 20 mg to be taken twice a day #60, and Mentherm gel 120 grams apply as directed up to 4 times a day. The Request for Authorization Form dated 06/03/2014 was for Mentherm ointment 120 grams, Omeprazole #60, and Voltaren #60; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm ointment 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105, 111-113.

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

Decision rationale: The request for Menthoderm ointment 120 grams is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. There is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Omeprazole #60 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID PPI Page(s): 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole #60 BID is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines state physicians are to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. There is a lack of documentation regarding efficacy of this medication. Additionally, the previous request for Voltaren is not medically necessary and, therefore, the prophylactic Omeprazole is also not medically necessary. There is a lack of documentation regarding medicine induced dyspepsia to warrant Omeprazole. As such, the request is not medically necessary.

Voltaren #60 100mg 1 QD: Upheld

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

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

Decision rationale: The request for Voltaren #60 100mg 1 QD is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short term symptomatic relief for chronic low back pain. A review of literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. There is a lack of documentation regarding efficacy of this medication and there is a lack of documentation regarding significant pain relief and improved functional status. Therefore, the request is not medically necessary.