

Case Number:	CM14-0207960		
Date Assigned:	12/19/2014	Date of Injury:	07/24/2012
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 41 year old female who was injured on 7/24/2012. She was diagnosed with pain in joint involving hand, left hand internal derangement, left hand contusion, and left hand neuropathic pain. She was treated with medications, including Voltaren gel, Ibuprofen, and tramadol. X-ray of the left wrist from 10/7/14 showed asymmetric erosive changes suggestive of psoriatic arthritis. MRI of the left hand/wrist from 10/7/14 showed synovial arthropathy, mild secondary osteoarthritis, and left hand contusion. On 11/20/14, the worker was seen by her primary treating physician reporting persistent left hand pain. She reported not working at the time. Medications listed as being taken were ibuprofen and metformin, although there was evidence of the worker also taking Voltaren gel and tramadol. It was reported that the worker was able to have a 50% reduction in pain as well as 50% improvement of the worker's activities of daily living such as self-care and dressing from the tramadol use. Physical findings of the left hand included tenderness of the palm and dorsum, restricted movement in all directions, and normal sensation and motor strength. She was then recommended to continue her tramadol and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100g Tube #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was evidence to suggest she was using Ibuprofen and Voltaren gel. There was no explanation or reasoning found in the documentation which suggested this was more favorable than using only one of these NSAID medications. Also, there was insufficient reporting to show how the Voltaren gel reduced the worker's pain and improved her function, which would be required to justify continuation. Therefore, the Voltaren gel will be considered medically unnecessary.

Tramadol 37.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was some evidence of functional and pain-reducing benefit documented in the progress note from 11/20/14 (50% reduction in pain, 50% improvement in self-care activities), contrary to the previous reviewer's assessment of this documentation not being part of the note. Therefore, the tramadol will be considered medically necessary to continue, based on the evidence of benefit found in the documentation.

