

Case Number:	CM15-0110736		
Date Assigned:	06/17/2015	Date of Injury:	01/28/2013
Decision Date:	07/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 39 year old female, who sustained an industrial injury on 01/28/2013. She was noted to have injured her right shoulder as a result of respective bending and she initially diagnosed with a strain. On provider visit dated 05/14/2015 the injured worker has reported chronic right shoulder pain and she was noted to have bilateral wrist pain. On examination s the neck was noted to have tenderness to palpation of the right cervical brachial region, right cervical paraspinous musculature and right trapezius area with a normal range of motion. The diagnoses have included pain in joint shoulder and carpal tunnel syndrome. Treatment to date has included status post right carpal tunnel surgery, left wrist brace, physical therapy, medication including Gabapentin and diclofenac cream. The provider requested Diclofenac Sodium 1.5% gm cream and Gabapentin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm cream apply to affected area TID #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Topical treatment can result in 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. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that non-steroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The medical records document the diagnosis pain in joint shoulder and carpal tunnel syndrome. The date of injury was 01-28-2013. ACOEM indicates that non-steroidal anti-inflammatory drugs (NSAID) should be used only acutely. The patient's occupational injuries are chronic. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The long-term use of NSAIDs is not supported by MTUS guidelines. The use of topical NSAIDs is not supported by MTUS guidelines. Therefore, the request for Diclofenac cream is not medically necessary.

Gabapentin 600mg 1-2 tabs at bedtime #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The medical records document the diagnosis pain in joint shoulder and carpal tunnel syndrome. There was an abnormal electrodiagnostic study of bilateral upper extremities dated 5/29/14 which demonstrated carpal tunnel syndrome. Per MTUS, Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. The request for Gabapentin for the patient, with a history of carpal tunnel syndrome and abnormal electrodiagnostic studies, is supported by MTUS guidelines. Therefore, the request for Gabapentin is medically necessary.