

Case Number:	CM15-0119209		
Date Assigned:	06/29/2015	Date of Injury:	01/11/2002
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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, Indiana, New York
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 61 year old female, who sustained an industrial injury on January 11, 2002. She reported an injury to her hands and wrists. She was diagnosed with carpal tunnel syndrome. Treatment to date has included EMG/NCV of the bilateral lower extremities, physical therapy, home exercise program, and orthotics. Currently, the injured worker complains of increased pain in the right first digit. She reports that she has been using her right wrist splint more often and it is helping with her pain. She describes the pain as a deep stinging pain and notes that any movement of the hand or thumb aggravates the pain. The pain is associated with a loss of strength. She also reports bilateral elbow and shoulder pain but notes that this pain is less severe than her right first digit pain. On physical examination the injured worker has limited range of motion of the upper extremities at the fingers, wrist and hand due to pain. She has tenderness to palpation in the bilateral upper extremities and shoulders. She has 4/5 strength in the upper extremities. The diagnoses associated with the request include pain in joint shoulder region, pain in joint forearm and musculoskeletal pain. The treatment plan includes continued Valium as needed for spasms, continued Prevacid for gastroesophageal reflux disease, Voltaren gel for the right first digit and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100 gms 2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112, 24, 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1%, 100gm, #2 tubes is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is Diclofenac. However, Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are pain in joint shoulder region; pain in joint forearm; and musculoskeletal pain. The documentation shows the compound cream (not specifically named), Prevacid and Diazepam (Valium) were started in 2008. The most recent progress note dated May 7, 2015 shows Voltaren gel, Prevacid and Valium have been continued and are currently prescribed. Subjectively, the injured worker has pain in the right greater than left first digit. There is pain in the elbow and shoulder. The documentation states Prevacid is prescribed for GERD secondary to medications. There is no documentation indicating what medication is the presumed offender. The injured worker is not currently taking any nonsteroidal anti-inflammatory drugs. Voltaren is recommended for relief of osteoarthritis pain. There is no diagnosis, subjective or objective findings compatible with osteoarthritis pain. Consequently, absent clinical documentation with a clinical indication, rationale, failed first-line treatment with antidepressants and anticonvulsants, evidence of objective functional improvement, the request for Voltaren (Diclofenac) gel 1%, 100gm, #2 tubes is not medically necessary.

Prevacid 30 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prevacid 30mg #60 is not medically necessary. Lansoprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not

limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and AcipHex should be second line PPIs. In this case, the injured worker's working diagnoses are pain in joint shoulder region; pain in joint forearm; and musculoskeletal pain. The documentation shows the compound cream (not specifically named), Prevacid and Diazepam (Valium) were started in 2008. The most recent progress note dated May 7, 2015 shows Voltaren gel, Prevacid and Valium have been continued and are currently prescribed. Subjectively, the injured worker has pain in the right greater than left first digit. There is pain in the elbow and shoulder. The documentation states Prevacid is prescribed for GERD secondary to medications. There is no documentation indicating what medication is the presumed offender. The injured worker is not currently taking any nonsteroidal anti-inflammatory drugs. Consequently, absent clinical documentation of nonsteroidal anti-inflammatory drug use, evidence of objective functional improvement and an appropriate clinical indication/rationale, the request for Prevacid 30 mg #60 is not medically necessary.

Valium 5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are pain in joint shoulder region; pain in joint forearm; and musculoskeletal pain. The documentation shows the compound cream (not specifically named), Prevacid and Diazepam (Valium) were started in 2008. The most recent progress note dated May 7, 2015 shows Voltaren gel, Prevacid and Valium have been continued and are currently prescribed. Subjectively, the injured worker has pain in the right greater than left first digit. There is pain in the elbow and shoulder. The documentation states Prevacid is prescribed for GERD secondary to medications. There is no documentation indicating what medication is the presumed offender. The injured worker is not currently taking any nonsteroidal anti-inflammatory drugs. Valium is not recommended for long-term use (longer than two weeks). The documentation indicates Valium was started in 2008. There is no ongoing clinical rationale to support the use of ongoing Valium. There is no documentation demonstrating objective functional improvement to support its use. The treating provider has exceeded the recommended guidelines not supporting value for long-term use (longer than two weeks). Consequently, absent clinical documentation demonstrating objective functional improvement, treatment in excess of the recommended guidelines (longer than two weeks), the request for Valium 5 mg #60 is not medically necessary.