

Case Number:	CM15-0177738		
Date Assigned:	09/18/2015	Date of Injury:	02/14/2009
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Family Practice

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 43 year old female, who sustained an industrial injury on 02-14-2009. She has reported injury to the bilateral hands and wrists. The injured worker has been treated for wrist pain; bilateral carpal tunnel syndrome; and radial styloid tenosynovitis. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, injections, heat, massage, acupuncture, physical therapy, and surgical intervention. Medications have included Norco, Dilaudid, Neurontin, Nucynta, and Voltaren gel. Surgical interventions have included right carpal tunnel release, on 08-23-2012, and left carpal tunnel release, on 07-31-2013. A progress report from the treating physician, dated 08-07-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral wrist pain with increased right arm pain; the pain is rated as 8 out of 10 in intensity without medications; quality of sleep is poor; her activity level has decreased; and she is requesting acupuncture for increased pain. It is noted that the surgeries did help her symptomatology; and post-operative physical therapy, TENS unit, heat, and massages offered pain relief. Objective findings included tenderness to palpation of the bilateral wrists over the palm, first extensor compartment of the wrists, and anterior-posterior compression of the wrists; there is symmetric active range of motion of the wrists; Finkelstein's test, Tinel's test, and Phalen's test are positive bilaterally; motor strength is +4 out of 5 upon bilateral thumb and fingers abduction; diminished gross light touch sensation at the bilateral hands and fingers; and deep tendon reflexes are 1 out of 4 in the bilateral biceps, bilateral brachioradialis, and bilateral triceps tendons. The treatment plan has included the request for 30 tablets of Nucynta 50mg; and 2 containers of Voltaren 1% gel with 1

refill. The original utilization review, dated 08-14-2015, modified a request for 30 tablets of Nucynta 50mg, to 15 tablets of Nucynta 50mg; and non-certified a request for 2 containers of Voltaren 1% gel with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Nucynta 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. The MTUS guidelines do not support opioids for non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. The request for 30 tablets of Nucynta 50mg is not medically necessary and appropriate.

2 containers of Voltaren 1% gel with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Diclofenac.

Decision rationale: Per the MTUS guidelines, 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. The currently prescribed topical NSAID contains Diclofenac. Per ODG, Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart

attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011) According to FDA MedWatch, postmarketing surveillance of topical Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. If using Diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. (FDA, 2011) In 2009, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac sodium. (FDA, 2009) With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As noted above, Diclofenac containing agents are not supported. The request for 2 containers of Voltaren 1% gel with 1 refill is not medically necessary and appropriate.