

Case Number:	CM15-0090102		
Date Assigned:	05/14/2015	Date of Injury:	08/31/2001
Decision Date:	06/30/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation

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 64 year old female with an industrial injury dated 8/31/2001. The injured worker's diagnoses include left shoulder strain, left knee strain, internal derangement, bilateral carpal tunnel syndrome, induration of the tendon sheath to flexor tendon of the index finger and status post right thumb surgery on 8/12/2010 with residual swelling and pain. Treatment consisted of prescribed medications, surgical procedures, brace, home exercise therapy and periodic follow up visits. In a progress note dated 3/24/2015, the injured worker reported bilateral wrist and hand pain with radiation to the forearms and epicondyle bilaterally; left shoulder pain with periodic popping, difficulty lying on left side and raising at or above shoulder level, left knee pain, intermittent trigger finger of left ring finger and status post right thumb surgery around the interphalangeal (IP) joint on 8/2/2010 with residual pain swelling and loss of motion. Objective findings revealed mildly slow and antalgic gait, tenderness to palpitation of the left wrist, slightly tender carpal tunnel release surgery scars, swelling of the IP joint of right thumb with induration medially over the surgical scar, tenderness to palpitation of the acromioclavicular joint (AC) joint, positive impingement sign, tenderness of the elbow and slight tenderness of the patella region of the knee. The treatment plan consisted of medication management, forearm/elbow braces, home exercise therapy and follow up appointment. The treating physician prescribed Cidafex #90 for knee pain, Voltaren gel 1% 100gm tube for both upper extremities, Dexalin 60mg for dyspepsia and Baclofen 5mg for muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidafex #90: 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 Glucosamine Page(s): 50.

Decision rationale: The patient presents with pain in the bilateral wrists, left shoulder and left knee. The request is for CIDAFLEX #90. Patient is status post right thumb surgery 08/12/10. Physical examination to the left wrist on 03/24/15 revealed tenderness to palpation over the palmar aspect of the MCP joint of the index finger. Physical examination to left shoulder revealed tenderness to palpation to the acromioclavicular joint and bicipital groove. Impingement sign was positive. Examination of the left knee revealed tenderness to palpation over the patellar region. Per 01/09/15 progress report, patient's diagnosis include left shoulder strain, left knee strain, internal derangement, bilateral carpal tunnel syndrome, with possible de Quervain's syndrome, status post right carpal tunnel release 06/16/04, status post left carpal tunnel release 11/10/05, with residual pain and paresthesia and intermittent triggering of left fourth and fifth digits, induration of the tendon sheath to flexor tendon of the index finger, i.e. tendon sheath induration from a small tear versus ganglion cyst related to diagnosis number four, status post right thumb surgery on 08/12/10 with residual swelling and pain but some improvement post surgery. Patient's medications, per 03/24/15 progress report include Cidaflex, Voltaren Gel, Dexalin, and Baclofen. Patient is permanent and stationary. Cidaflex contains Glucosamine sulfate and Chondroitin. Regarding Glucosamine, the MTUS guidelines, p50 state Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient suffers from left knee pain and is diagnosed with left knee strain and internal derangement. The review of the reports do not include any X-rays or MRI of the knee showing significant arthritis. The treater does not discuss arthritis of the knee for which this medication may be indicated. MTUS guidelines recommend this medication for patients with moderate arthritis pain, especially for knee osteoarthritis. Furthermore, the treater does not specifically discuss how this medication has been effective in managing the patient's knee condition. The request is not medically necessary.

Voltaren gel 1% 100gm tube: 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 analgesic Pain Outcomes and Endpoints Page(s): 111-113, 8-9.

Decision rationale: The patient presents with pain in the bilateral wrists, left shoulder and left knee. The request is for Voltaren Gel 1 X 100 Gm Tube. Patient is status post right thumb surgery 08/12/10. Physical examination to the left wrist on 03/24/15 revealed tenderness to

palpation over the palmar aspect of the MCP joint of the index finger. Physical examination to left shoulder revealed tenderness to palpation to the acromioclavicular joint and bicipital groove. Impingement sign was positive. Examination of the left knee revealed tenderness to palpation over the patellar region. Per 01/09/15 progress report, patient's diagnosis include left shoulder strain, left knee strain, internal derangement, bilateral carpal tunnel syndrome, with possible de Quervain's syndrome, status post right carpal tunnel release 06/16/04, status post left carpal tunnel release 11/10/05, with residual pain and paresthesia and intermittent triggering of left fourth and fifth digits, induration of the tendon sheath to flexor tendon of the index finger, i.e. tendon sheath induration from a small tear versus ganglion cyst related to diagnosis number four, status post right thumb surgery on 08/12/10 with residual swelling and pain but some improvement post surgery. Patient's medications, per 03/24/15 progress report include Cidaflex, Voltaren Gel, Dexalin, and Baclofen. Patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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... Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement Patient has received prescriptions for Voltaren Gel from 11/05/14 and 03/24/15. In this case, the treater has not discussed how Voltaren Gel decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. While the patient does present with peripheral joint problems for which topical NSAIDs may be indicated, given the lack of documentation of it's efficacy, the request is not medically necessary.

Dexalin 60mg: 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 Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with pain in the bilateral wrists, left shoulder and left knee. The request is for Dexalin 60 MG. Patient is status post right thumb surgery 08/12/10. Physical examination to the left wrist on 03/24/15 revealed tenderness to palpation over the palmar aspect of the MCP joint of the index finger. Physical examination to left shoulder revealed tenderness to palpation to the acromioclavicular joint and bicipital groove. Impingement sign was positive. Examination of the left knee revealed tenderness to palpation over the patellar region. Per 01/09/15 progress report, patient's diagnosis include left shoulder strain, left knee strain, internal derangement, bilateral carpal tunnel syndrome, with possible de Quervain's syndrome, status post right carpal tunnel release 06/16/04, status post left carpal tunnel release 11/10/05, with residual pain and paresthesia and intermittent triggering of left fourth and fifth digits, induration of the tendon sheath to flexor tendon of the index finger, i.e. tendon sheath induration from a small tear versus ganglion cyst related to diagnosis number

four, status post right thumb surgery on 08/12/10 with residual swelling and pain but some improvement post surgery. Patient's medications, per 03/24/15 progress report include Cidaflex, Voltaren Gel, Dexalin, and Baclofen. Patient is permanent and stationary. Dexalin is in the NSAID group of drugs. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Dexalin has been included in patient's medications from 11/05/14 and 03/24/15. In this case, the patient suffers from chronic pain for which NSAID would be indicated, and continuing NSAID therapy at the treater's discretion would appear to be reasonable. However, there is no documentation of improvement in pain and function due to this medication, as required by MTUS p60. Therefore, the request is not medically necessary.

Baclofen 5mg: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in the bilateral wrists, left shoulder and left knee. The request is for Baclofen 5 MG. Patient is status post right thumb surgery 08/12/10. Physical examination to the left wrist on 03/24/15 revealed tenderness to palpation over the palmar aspect of the MCP joint of the index finger. Physical examination to left shoulder revealed tenderness to palpation to the acromioclavicular joint and bicipital groove. Impingement sign was positive. Examination of the left knee revealed tenderness to palpation over the patellar region. Per 01/09/15 progress report, patient's diagnosis include left shoulder strain, left knee strain, internal derangement, bilateral carpal tunnel syndrome, with possible de Quervain's syndrome, status post right carpal tunnel release 06/16/04, status post left carpal tunnel release 11/10/05, with residual pain and paresthesia and intermittent triggering of left fourth and fifth digits, induration of the tendon sheath to flexor tendon of the index finger, i.e. tendon sheath induration from a small tear versus ganglion cyst related to diagnosis number four, status post right thumb surgery on 08/12/10 with residual swelling and pain but some improvement post surgery. Patient's medications, per 03/24/15 progress report include Cidaflex, Voltaren Gel, Dexalin, and Baclofen. Patient is permanent and stationary. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In this case, the patient has received prescriptions for Baclofen 5 MG from

11/05/14 and 03/24/15. MTUS guidelines do not support the use of muscle relaxants such as Baclofen for long term. The request, in addition to use since at least 11/05/14, does not imply the intent to limit this medication to short-term use. Therefore, the request is not medically necessary.