

Case Number:	CM13-0011758		
Date Assigned:	11/06/2013	Date of Injury:	01/30/2012
Decision Date:	02/04/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 physician 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:

This is a female patient with a date of injury of 1/30/12. A utilization review determination dated 7/22/13 recommends non-certification of Voltaren gel and Restoril. A progress report dated 9/9/13 identifies subjective complaints including, "Right wrist, hand, and thumb - patient complains of constant moderate to severe pain in this limb. It is gotten worse since the onset. She also has developed swelling in her fingers; she describes allodynia and temperature asymmetry in the right hand as well. She also feels stiffness in the hand. She has symptoms in her left hand as well to a lesser extent." Objective examination findings identify, "Right wrist: The patient is unable to flex at the wrist. It is very sensitive to light touch with pain on palpation which limited the motor exam. She has some severe weakness but normal muscle tone and bulk. On the right upper extremity, allodynia present at the dorsal side of the hand and forearm. Other: There are skin changes over the dorsum of the right hand - the skin is darker. Temperature asymmetry not appreciated at the time of appointment. Skin atrophy and loss of range of motion present." Diagnoses state, "CRPS; the patient also has sleep impairment; depression; panic attacks." Treatment plan recommends, "Nortriptyline; Voltaren gel; Restoril; Neurontin."

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 15g 2 gm BID affected area PRN #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Voltaren gel, California MTUS notes that topical NSAIDs are not recommended for neuropathic pain. There is support for short-term use in patients with osteoarthritis or tendinitis in joints amenable to topical treatment. None of the above has been documented and the request does not appear to be for short-term treatment. In light of the above issues, the currently requested Voltaren gel is not medically necessary.