

Case Number:	CM13-0030723		
Date Assigned:	12/18/2013	Date of Injury:	01/09/2006
Decision Date:	10/01/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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/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:

The injured worker is a 58-year-old male who reported an injury on 01/09/2006. The mechanism of injury was not provided in the medical records. He was diagnosed with a ganglion cyst of the left wrist. His past treatments were noted to have included oral medications, topical analgesics, activity modifications, and surgery. On 09/16/2013, the injured worker presented with complaints of left wrist pain, which was noted to be managed with the use of hydrocodone and topical Voltaren gel. His physical examination revealed swelling and sensitivity of the left wrist. His medications were noted to include hydrocodone and Voltaren gel. The treatment plan included medication refills. The Voltaren gel was recommended to be used up to 4 times a day as needed for pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 100grams for Left Wrist Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical Voltaren gel may be recommended to treat osteoarthritis pain of joints that lend themselves to topical treatment, which are noted to include the ankle, elbow, foot, hand, knee, and wrist. The clinical information submitted for review indicates that the injured worker has left wrist pain status post ganglion cyst removal. However, he was not shown to have osteoarthritis or pain related to osteoarthritis. Therefore, use of Voltaren gel would not be supported. In addition, the request as submitted failed to indicate a frequency of use. For the reasons noted above, the request is not medically necessary.