

Case Number:	CM13-0032429		
Date Assigned:	12/11/2013	Date of Injury:	01/11/2010
Decision Date:	02/11/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 and Rehabilitation and Sports Medicine and is licensed to practice in New York and Texas. 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:

The patient is a 45-year-old female who reported a work related injury on 01/11/2010, the specific mechanism of injury not stated. Subsequently, the patient presents for treatment of cervical spine sprain/strain, chronic, status post left carpal tunnel release, status post left lateral release, status post ulnar nerve transposition after failed ulnar nerve release and status post bilateral elbow platelet rich plasma injections. The provider documents the patient reports Voltaren gel was effective for her pain complaints, increasing numbness and tingling with increased typing. The provider documented upon physical exam of the patient's bilateral upper extremities, tenderness was noted to the volar aspect of the bilateral wrists. Grip strength was noted to be at 5-/5. Tenderness in the elbows laterally and medially was noted. There was good range of motion. The patient's cervical spine revealed negative Spurling's. The patient's range of motion of the cervical spine was at 35 degrees external, 40 degrees flexion, bilateral rotation at 70 degrees. The provider documented the patient was to utilize Voltaren gel 2 grams to affected area twice a day and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One tube of Voltaren gel: Overturned

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 Section Page(s): 112.

Decision rationale: The California MTUS indicates Voltaren gel is supported for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. The current request is supported. The provider documents the patient reports positive efficacy with utilization of the topical analgesic Voltaren gel for her pain complaints about the bilateral wrists. The provider documents Voltaren has afforded the patient good pain relief and allows an increase in the patient's activities of daily living as well as a return to her former place of employment part time. Given the above, the request for 1 tube of Voltaren gel is medically necessary and appropriate.