MAXIMUS Federal Services

Case Number:	CM14-0001593		
Date Assigned:	01/22/2014	Date of Injury:	10/26/2010
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesiology, has a subspecialty in Acupuncture and 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 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:

This patient is a 50 year old female with a date of injury 10/26/10. Per the operative report of 7/10/13, the injured worker underwent left carpal tunnel release, right middle finger tenosynovectomy, and trigger finger release. Per 12/16/13 progress report, the she continued to complain of bilateral pain of the third finger with numbness, and increased pain to the left wrist. Examination revealed right and left wrist with numbness and tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%: Overturned

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

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

Decision rationale: MTUS states that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications are for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). Voltaren Gel 1% specifically is indicated for relief of osteoarthritis pain in joints that

lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Review of the submitted medical records reveals that the injured worker was diagnosed with tendinitis in the past, and there is no current documentation noting that it has resolved. The request is medically necessary.

IBUPROFEN 800MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: Per MTUS with regard to NSAIDs, specific recommendations are delineated for osteoarthritis, back pain (chronic, and acute exacerbations of chronic pain), and neuropathic pain. The injured worker is not diagnosed with any of these conditions. The request is not medically necessary.