

Case Number:	CM14-0102519		
Date Assigned:	07/30/2014	Date of Injury:	12/01/2010
Decision Date:	10/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation 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 40 year old female who reported an injury on 12/01/2010; the mechanism of injury was not provided. Diagnoses included upper limb entrapment neuropathy and depression. Past treatments included trigger point injection, physical therapy and medication. Diagnostic studies included an EMG/NCS on 03/06/2012 which revealed right ulnar neuropathy at the elbow, unofficial. Surgical history included right ulnar nerve neurolysis on 06/12/2012. The clinical note dated 04/28/2014 stated the injured worker complained of pain to the neck, bilateral upper extremities, and cervical spine. Physical exam revealed decreased range of motion of the cervical spine and tenderness to palpation at the elbows and wrists. Medications included Voltaren gel 1% and Ibuprofen 100 mg. The treatment plan included Voltaren 1% gel. The rationale for the treatment and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for Voltaren 1% gel is not medically necessary. The California MTUS Guidelines state that topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, including the ankle, elbow, foot, hand, knee and wrist. Topical NSAIDs have not been evaluated for treatment of the spine, hip or shoulder. The injured worker had complaints of pain to the neck, bilateral upper extremities, and cervical spine. There is no documentation to support a diagnosis of osteoarthritis. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The most recent clinical note that discussed medications, dated 04/28/2014, indicated that Voltaren gel 1% was discontinued. There is a lack of documentation indicating the requesting physician's rationale for discontinuing the medication and subsequently providing the medication again. Furthermore, the request does not contain indicators of location, quantity and frequency for using the medication. Therefore, the request for Voltaren gel 1% is considered not medically necessary.