

Case Number:	CM14-0016886		
Date Assigned:	06/13/2014	Date of Injury:	06/04/2001
Decision Date:	07/15/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 Occupation and Preventive 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:

The records presented for review indicate that this 46 year-old female was reportedly injured on June 4, 2001. The mechanism of injury is noted as secondary to repetitive work resulting in left arm numbness. The injured employee was diagnosed with thoracic outlet syndrome, carpal tunnel syndrome and De Quervians tenosynovitis. The most recent progress note, dated June 2, 2014, indicates that there are ongoing complaints of persistent left wrist and hand pain. The physical examination demonstrated normal sensation, well healed scar, strength 5/5 on the right, 4/5 on the left. Diagnostic imaging studies reported a normal EMG dated on January 28, 2009. Previous treatment include narcotics, sleeping agents, neuropathic agents, ketoprofen gel, voltaren gel, NSAID'S, physical therapy, work hardening program, DeQuervain's release, injections, splinting. A request had been made fort trial of voltaren gel which was not certified in the pre-authorization process on 6-17-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL VOLTAREN GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: As noted in guidelines, there is minimal benefit in use of topical for chronic pain. When considering the date of injury, the surgical intervention completed and post op work hardening program and current meds including documented: Percocet, Neurontin, Relafen and ketoprofen and voltaren gel, Patient is oral anti inflammatories and neuropathic meds. The medication request is redundant and medically not necessary.