

Case Number:	CM14-0117490		
Date Assigned:	08/06/2014	Date of Injury:	08/17/2011
Decision Date:	09/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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, Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 08/17/2011. The mechanism of injury was not provided. On 01/13/2014, the injured worker presented with improvement in wrist pain with the use of the right upper limb. Diagnoses were chronic right forearm pain, chronic right wrist extensor tendonitis, and early chronic regional pain syndrome. The medications included Celebrex and Gabapentin. Upon examination, there was a well-developed woman with no acute distress, sitting comfortably on the exam table with good posture, and her gait pattern was normal with smooth transfers. The provider recommended Voltaren gel 1% 2 gm; the provider's rationale was not provided. The request for authorization form was not included in the medical documents 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% 2gm QTY: 5 tubes right wrist and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Voltaren gel 1% 2 gm quantity: 5 tubes right wrist and elbow is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The Guidelines note topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. There is a lack of evidence of a failed trial of an anticonvulsant or antidepressant. Additionally, the injured worker does not have a diagnosis congruent with Guideline recommendation for topical NSAIDs. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.