

Case Number:	CM14-0120030		
Date Assigned:	09/16/2014	Date of Injury:	03/30/2010
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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 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:

The injured worker is a 40 year old female with an injury date of 03/30/10. The mechanism of injury is not described by the records provided. The injured worker was seen on 02/11/14, at which time she was taking Naproxen, Tramadol, Hydrocodone, and Tizanidine which were helping her. She was working at that time. She was continued on those medications as well. On 04/22/14, the injured worker returned to clinic and pain was rated at 8/10 to her forearm bilaterally and shoulder pain and arm pain was rated at 7/10. She was taking Naprosyn, Tramadol, Tizanidine, and Hydrocodone which were helping her. She was continued on medications including Naprosyn and Ultram at that time and rated her pain at 7/10 with 10 being the worst. She was taking Naprosyn, Tramadol, Tizanidine, and Hydrocodone and she stated that Tramadol, Hydrocodone, and Tizanidine were helping her. She was not attending therapy and continued working. A previous utilization review determination stated that this type of medication, NSAIDs was not the 1st line therapy for the diagnosis of carpal tunnel syndrome per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren cream 100 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals
Page(s): 111-113.

Decision rationale: A request has been made for Voltaren cream 100 grams at this time. The submitted records indicate that the injured worker has been on medications including Naprosyn, which is a non-steroidal anti-inflammatory drug (NSAID). The records do not describe the rationale for changing from Naprosyn to Voltaren cream. The records indicate the overall efficacy of the medications has not been documented as her pain continued to be 7/10 with medications including NSAIDs. Guidelines would indicate that this medication would be used for a short term only at the lowest dosage. The rationale for providing a cream versus oral medication has not been documented by the records. Therefore, this request is not considered medically necessary at this time.