

Case Number:	CM14-0125869		
Date Assigned:	08/13/2014	Date of Injury:	04/01/2007
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 is a 64-year-old gentleman who was injured in a work-related accident on 4/1/07. The clinical records available for review include a recent evaluation dated 7/1/14 where the claimant was noted to have "widespread" pain complaints. There was specific indication of elbow pain for which examination showed full range of motion with diffuse tenderness to palpation and no other specific findings. A prior assessment for review dated 3/14/14 indicated complaints of pain about the elbows and wrists bilaterally. The claimant is currently being treated with a variety of medications including topical Voltaren. There is no documentation of recent conservative care otherwise noted or indication of imaging in this individual's course of care. There is a specific request for continuation of Voltaren for this individual's "widespread pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the use of Voltaren Gel would not be indicated. FDA guidelines indicate Voltaren Gel is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment. This individual's current clinical presentation gives no current diagnosis of osteoarthritis to the hands, wrists, or other joints. Without documentation of the above, the use of this second line agent for osteoarthritic relief would not be supported.