

Case Number:	CM14-0127822		
Date Assigned:	08/15/2014	Date of Injury:	11/23/1963
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Louisiana. 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:

Progress report dated 02/06/2014 documented the patient to have complaints of bilateral hand pain. On exam, there is reduced sensation in both hands. Grip strength is reduced in both hands. She has positive Tinel's and Phalen's bilaterally. First dorsal compartments are tenderness to palpation and first carpometacarpal joints are tender to palpation. Diagnoses are bilateral moderate carpal tunnel syndrome, bilateral DeQuervain's tenosynovitis; and bilateral first carpometacarpal joint arthritis. The patient has been recommended to continue omeprazole Dr 20 mg, Voltaren 1% Gel (utilizing since 10/2013), and Naprosyn 500 mg. Prior utilization review dated 07/29/2014 states the request for 1 prescription of Voltaren 1% Gel #1 is denied as it is not reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren 1% Gel #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Topical NSAI.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines indicate that Voltaren gel is considered a topical non-steroidal anti-inflammatory agent recommended for chronic musculoskeletal pain. Topical NSAIDs are indicated for the short-term treatment (4-12 weeks) of osteoarthritis and tendinitis. The records indicate the use of this medication since September 2013, with no reported improvement in pain. The continued use of this medication is not supported by the guidelines and is not medically necessary.