MAXIMUS Federal Services

Case Number:	CM14-0151241		
Date Assigned:	09/19/2014	Date of Injury:	10/25/2011
Decision Date:	10/20/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/17/2014

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 Pain Management 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 48 year-old male with a date of injury of 10/25/11. On 8/14/14 he presented with persistent stiffness and soreness in the left upper extremity, left wrist and left hand with numbness and tingling in the left ring finger. He had significant amount of left lower extremity swelling and also left knee pain although he reported benefit with some symptomatic relief of the left knee pain and instability with the new custom fitted left knee brace. An examination of the left upper extremity revealed extension of the wrist was approximately 25 degrees, flexion 20 degrees with pain at extremes of range of motion with weakness with extension and flexion of the left wrist. Some decreased grip strength of left upper extremity compared to right. Positive Tinel's at the cubital tunnel, left elbow and decreased sensation in the ulnar nerve distribution of the left upper extremity. There was left knee tenderness at the medial and lateral joint lines as well as the medial and lateral patellofemoral facet joints. He had abnormal electromyogram (EMG)/nerve conduction velocity (NCV) studies of the upper extremity as per report dated 08/12/14. He also underwent open reduction plate fixation of distal radius fracture. His medications include cyclobenzaprine, econazole, furosemide, gabapentin, hydrocodone, ibuprofen, levetiracetam, Paxil, potassium chloride, and Voltaren gel. He utilizes Voltaren gel along with Norco and ibuprofen to adequately control his pain; he reported excellent relief with the Voltaren gel as transdermal analgesic for the left knee and left wrist. Diagnoses: Resolved reflex sympathetic dystrophy (RSD), left upper extremity, left wrist internal derangement, left lateral epicondylitis at the elbow, left cubital tunnel syndrome, left knee internal derangement, cervical sprain/strain, cervical myofascial sprain, lumbar sprain/strain, lumbar myofascial pain syndrome, rule out right knee degenerative joint disease (DJD). The request for Voltaren gel 100mg #30 was modified to Voltaren gel 100 mg 1 tube on 09/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics Page(s): 67, 111-112.

Decision rationale: Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Clinical trial data suggest that diclofenac sodium gel (the first topical non steroidal anti-inflammatory drugs [NSAID] approved in the United States) provides clinically meaningful analgesia in osteoarthritis (OA) patients with a low incidence of systemic adverse events. It is recommended for osteoarthritis after failure of an oral non steroidal anti-inflammatory drugs (NSAID), or contraindications to oral non steroidal anti-inflammatory drugs (NSAIDs), or for patients who cannot swallow solid oral dosage forms, where it is not recommended as a first-line treatment. In this case, the medical records indicate that the injured worker is also taking Ibuprofen. There is no indication of intolerance or adverse reaction to non steroidal anti-inflammatory drugs (NSAIDs). Thus, the request is not medically necessary per guidelines.