

Case Number:	CM14-0156817		
Date Assigned:	09/26/2014	Date of Injury:	09/12/2007
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with a date of injury of 09/12/2007. The listed diagnoses are: Chronic lumbar back pain, Chronic cervical myofascial pain, Chronic bilateral carpal tunnel syndrome, Chronic right shoulder pain, Chronic left hip pain, probable trochanteric bursitis, Chronic bilateral upper extremity radicular symptoms, Status post left medial epicondylitis, Right medial and lateral epicondylitis, Hypertension, Exacerbation of her symptoms, Dyspepsia due to oral NSAID, and Abdominal pain secondary to tramadol. According to progress report 08/28/2014, the patient presents with numbness of the fingers in the left hand and pain in the entire right arm including the shoulder and elbow. Examination revealed right lateral and medial epicondylar tenderness. Tinel's test is positive on the left and negative on the right. There was noted decreased range of motion on all planes. Treater is requesting refill of Voltaren gel 100 mg with 3 refills. The patient has a "limited duty" work status. Utilization Review denied the request on 09/10/2014. Treatment reports from 4/7/14-8/28/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Voltaren gel 100gm #3 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: This patient presents with numbness of the fingers in the left hand and pain in the entire right arm including the shoulder and elbow. The treater is requesting Voltaren gel 100 mg with 3 refills. The MTUS Guidelines states, "Efficacy and clinical trials for the topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment, recommended for short-term use for 12 weeks. There is little evidence utilize topical NSAID for treatments of osteoarthritis of the spine, hip, or shoulder." In this case, the patient suffers from bilateral carpal tunnel syndrome for which topical NSAIDs may be indicated. However, the treater does not discuss how this topical is being used and with what effectiveness. MTUS page 60 require recording of pain and function with medications used for chronic pain. Recommendation is for denial.