

Case Number:	CM14-0167442		
Date Assigned:	10/14/2014	Date of Injury:	04/20/2012
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 & 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 with an injury date on 4/20/12. Patient complains of constant cervical pain rated 8/10, headaches that worsen when turning, bilateral arm pain with numbness/tingling, right > left, and constant right wrist pain, radiating to right elbow, worsening when grabbing/holding things per 9/10/14 report. Based on the 9/10/14 progress report provided by [REDACTED] the diagnosis is carpal tunnel syndrome, right wrist. Exam on 9/10/14 showed "tenderness to palpation at right wrist/ulnar nerve and positive Tinel's, and positive Phalen's and limited right wrist range of motion especially rad 5 degrees." Patient's treatment history includes carpal tunnel release from 9/11/14. [REDACTED] is requesting Flector patches 1.3% #60, and Voltaren gel 3-100mg tubes 2 grams. The utilization review determination being challenged is dated 10/3/14 and denies both requests due to absence of indications provided by provider, and quotation of MTUS stating NSAIDs are only for neuropathic pain. [REDACTED] is the requesting provider, and he provided treatment reports from 2/21/14 to 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #60: Overturned

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

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

Decision rationale: This patient presents with neck pain, headaches, bilateral arm pain, right elbow pain, right wrist pain and is s/p right carpal tunnel release from 9/11/14. Review of the reports do not show any evidence of using Flector patches in the past, although patient is using other topical NSAID (Menthoderm) in 7/9/14 report. MTUS recommends NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. In this case, the patient presents with right wrist carpal tunnel syndrome, and a trial of request Flector patches 1.3% #60 appears reasonable. Recommendation is for authorization.

Voltaren gel 3-100mg tubes 2 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Medication for chronic pain Page(s): 111-113 , 60.

Decision rationale: This patient presents with neck pain, headaches, bilateral arm pain, right elbow pain, right wrist pain and is s/p right carpal tunnel release from 9/11/14. Review of the reports does not show any evidence of use of Voltaren gel in the past. The Voltaren is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the patient presents with right wrist carpal tunnel syndrome, and a trial of requested Voltaren gel appears medically reasonable. However, the patient is already being tried Flector patch containing similar medication. The physician does not explain why both agents are needed. MTUS page 60 recommends trying one medication at a time, check for response before adding additional meds. Given that the patient is being tried on Flector patch, concurrent use of Voltaren Gel does not appear indicated. Recommendation is for denial.