

Case Number:	CM14-0032441		
Date Assigned:	04/09/2014	Date of Injury:	11/17/2008
Decision Date:	05/28/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/07/2014

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 Arizona. 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 53-year-old female with a date of injury on 11/17/08. The injury has been secondary to repetitive use of both upper extremities. The patient has received significant treatment which has included right carpal tunnel decompression in 2009. She has history of redo right carpal tunnel decompression in April, 2011. The patient has persisting median and ulnar neuropathy and tenosynovitis of the right thumb. She has received injections as well as physical therapy and continues to be symptomatic. Upper extremity has also been immobilized due to pain in the elbow. Voltaren gel 1% has been recommended 3 times a day to the affected area; she has also been taking oral ibuprofen. The patient also suffers from back pain and has been diagnosed with L5-S1 bilateral spondylolysis and grade 1 spondylolisthesis. The patient was also placed on a trial of gabapentin in September, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics, Voltaren GEL.

Decision rationale: Based on the Official Disability Guidelines this medication is not recommended as a first-line treatment. Recommendation of use can consist of osteoarthritis after failure of oral non-steroidal anti-inflammatory drugs. Additionally, it can be used if contraindications exist to oral dosage, such as for a patient who cannot swallow. The submitted records indicate that the patient is taking oral ibuprofen. According to the medical records, there are several areas of pain for example both wrists and elbow. The amount of topical gel would be excessive because of multiple area involvement. Warning for topical diclofenac has been upgraded to warrant about drug-induced hepatotoxicity, incidence of dermatitis is more common with Voltaren gel. The request for Voltaren 1% gel is not medically necessary and appropriate.