

Case Number:	CM14-0041508		
Date Assigned:	06/27/2014	Date of Injury:	08/06/2009
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 Nevada. 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 54-year-old female who was reportedly injured on August 6, 2009. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated February 19, 2014, indicates that there are ongoing complaints of left wrist pain, current medications were stated to include MS Contin, Voltaren gel, Norco, Flector patches, Ambien and ibuprofen. The physical examination demonstrated painful and decreased range of motion of the left wrist. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a proximal row carpectomy of the left wrist in June 2010 any subsequent left wrist arthroscopy with Synovectomy and debridement in April 2011. A request had been made for Voltaren gel and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (diclofenac sodium topical gel) 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111 1112 OF 127.

Decision rationale: The California MTUS guidelines support topical non-steroidal anti-inflammatory drugs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The progress note dated February 19, 2014, indicates that the injured employee is currently prescribed Ibuprofen and there is no documentation that this oral anti-inflammatory is not tolerated. Considering this, this request for Voltaren gel is not medically necessary.