MAXIMUS Federal Services

Case Number:	CM14-0050243		
Date Assigned:	07/07/2014	Date of Injury:	07/31/2012
Decision Date:	09/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Therapy, 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 applicant is a represented [redacted] employee who has filed a claim for chronic hand and finger pain associated with an industrial injury of January 31, 2012.Thus far, the applicant has been treated with analgesic medications, reported diagnosis of carpal tunnel release surgery, and topical compounded agent. On March 27, 2014, the applicant presented with bilateral hand and wrist pain attributed to cumulative trauma at work. The applicant was status post right and left carpal tunnel release surgeries in January and August 2013. Occupational therapy, repeat electrodiagnostic testing, Neurontin, and a higher-dose Voltaren gel were endorsed. The applicant was given a rather proscriptive 3-pound lifting limitation which had been accommodated by the employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

PCCA; Diclofenac Sodium QTY:120.00, # Refills 0NDC# 51927333800: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/Diclofenac is indicated in the treatment of small joint arthritis which lends itself toward topical application, such as, for instance, arthritis associated with the hands, fingers, elbows, hands, knees, feet, etc. In this case, however, the applicant's operating diagnosis is bilateral carpal tunnel syndrome. The applicant does not, therefore, carry a diagnosis of small joint arthritis for which topical diclofenac/Voltaren is indicated. Therefore, the request is not medically necessary.