

Case Number:	CM14-0057500		
Date Assigned:	07/09/2014	Date of Injury:	03/19/2012
Decision Date:	09/05/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

Patient is a 43-year-old female with a 03/09/12 date of injury progress report dated 02/13/14 states the patient complains of right thumb pain which is sometimes locked. Pain at the base, palmar side. No adverse effects with Opana ER, which was relieving the patient's discomfort. Physical exam reveals swelling over the thumb, second and third digits, palm, intrinsic muscles. Tenderness to palpation over the thenar eminence. Positive Finkelstein's test. Full functional range of motion of right thumb. 04/24/14 patient underwent right thumb trigger digit A1 pulley release. Prescriptions include Xodol, Cymbalta, Butrans, Synthroid, Voltaren. Diagnoses: Carpal tunnel syndrome, chronic pain syndrome, wrist tenosynovitis, insomnia. The request is for Voltaren topical gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren topical gel, qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Voltaren Gel is indicated for relief of osteoarthritis in joints that lend themselves to topical treatment. The patient is already on hydrocodone and the added benefit of the topical anti-inflammatory has not clearly been discussed. There is not an arthritic component to the patient's condition. Additionally, there are no high-quality evidence-based studies, establishing the efficacy of topical diclofenac applications for CTS. Recommendation: Non-certify.