

Case Number:	CM14-0060671		
Date Assigned:	07/09/2014	Date of Injury:	09/20/2010
Decision Date:	09/12/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 52 year-old female with date of injury 09/20/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/17/2014, lists subjective complaints as discomfort, numbness and tingling in the fourth and fifth fingers of the right hand. Pain is rated 1-2 on a scale of 1-10. Patient is status post carpal tunnel release. Objective findings included examination of the right wrist and hand and revealed no evidence of ulnar or radial neuropathy. Tinel's test was negative. Diagnosis includes cervicalgia and post laminectomy syndrome of the cervical. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as 8 months. Medication in dispute is Voltaren 1% gel SIG: use topically as directed.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Voltaren® Gel (Diclofenac).

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Therefore, the request for Voltaren 1% gel is not medically necessary.