

Case Number:	CM14-0118015		
Date Assigned:	08/06/2014	Date of Injury:	07/27/2011
Decision Date:	02/25/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 47-year-old woman with a date of injury of July 27, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are bilateral moderate compression of the median nerve/carpal tunnel; left mild compression cubital tunnel; status post left elbow cubital tunnel decompression; status post right wrist carpal tunnel release; and bilateral upper extremities neuropraxic with electrical current injury. Pursuant to the progress note dated June 17, 2014, the IW complains of severe pain in bilateral elbows and wrists rates 5-6/10. Bilateral elbows are doing better, but she continues to have swelling and aching in both hands. Acupuncture only helped temporarily. Examination of the bilateral wrists: Flexion 65 degrees, extension 60 degrees, radial dev. 25 degrees, and ulnar dev. 30 degrees. Examination of the bilateral elbows: Flexion is 130 degrees, extension 0 degrees, pronation is 80 degrees, and supination is 80 degrees. The treatment plan is Norco 10/325mg, and Voltaren gel 1% to be applied to the affected area BID for inflammation. It is unclear as to what specific area the Voltaren gel is to be applied. Documentation indicates Voltaren gel 1% was first prescribed May 20, 2014. There was no evidence of objective functional improvement associated with the ongoing use of Voltaren gel. The current request is for Voltaren gel 1% 100gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 100MG: 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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% 100 mg is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren (diclofenac) gel 1% is indicated for relief of osteoarthritis pain in a joint that lends itself the topical treatment (ankle, elbow, foot, hand, in the end wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are bilateral moderate compression of the median nerve/carpal tunnel; left mild compression cubital tunnel; status post left elbow cubital tunnel decompression; status post right wrist carpal tunnel release; and bilateral upper extremities neuropraxic with electrical current injury. Voltaren (diclofenac) is indicated for relief of osteoarthritis pain in the joint that lends itself the topical treatment. There is no documentation in the medical record indicating the injured workers suffering from osteoarthritis pain. There is no clinical rationale for the use of diclofenac gel 1% in the medical record. Consequently, absent clinical documentation to support the use of diclofenac gel and evidence of osteoarthritis pain, Voltaren (diclofenac) gel 1% 100 mg is not medically necessary.