

Case Number:	CM14-0189163		
Date Assigned:	11/20/2014	Date of Injury:	03/22/2012
Decision Date:	01/08/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgery 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:

This case involves a 51 year old injured worker with reported industrial injury of 3/22/12. EMG and nerve conduction studies from April 2nd, 2014 demonstrate no evidence of cubital tunnel syndrome. There is evidence of moderate right carpal tunnel syndrome. Exam note July 3, 2014 demonstrates complains of pain numbness and tingling of the hands with shoulder pain. Positive Tinel's sign is noted as well as Phalen's sign. Finkelstein's test is negative. Exam note 5/28/2014 demonstrates complaints of right wrist and hand numbness as well as left wrist and hand pain. There is also report of continued pain and swelling in the left foot as well as right shoulder pain and weakness. Examination demonstrates left wrist hand volar tenderness and right wrist and hand diffuse tenderness. A positive Tinel's sign and Phalen's test is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100 grams with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, pages 111-112, NSAIDs, states that Voltaren Gel is, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity)." In this case, there is insufficient evidence of osteoarthritis in the records from 5/28/14 to warrant Voltaren Gel. Therefore, this request is not medically necessary.

Lidoderm patches #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications; See Durgesic (Fentanyl Transderma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, pages 56 and 57, regarding Lidocaine, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the exam note from 5/28/14 demonstrates there is no evidence of failure of first line medications, such as gabapentin or Lyrica. Therefore, this request is not medically necessary.