MAXIMUS Federal Services

Case Number:	CM14-0189960		
Date Assigned:	11/21/2014	Date of Injury:	08/23/2013
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine & Rehabilitation 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 is a 59 year old male who sustained a work related injury on 8/23/2013 when he tripped/misstepped on a curb, causing him to fall onto the sidewalk, landing on his right shoulder. He has undergone multiple surgeries for AC separation, dated 8/23/2013, 9/23/2013 and 6/26/2014. Per the Worker's Compensation Progress Note (PR-2) dated 9/26/2014, the injured worker reported worsening numbness and tingling in his small finger and the ulnar half of his ring finger. Physical Examination revealed a positive Tinel's at the cubital tunnel. Ulnar nerve was palpable with no obvious subluxation of that nerve. Grip strength was intact with no atrophy. The diagnosis was ulnar neuritis, right elbow. The plan of care included electromyography (EMG) and nerve conduction studies (NCS) of the right upper extremity. On 10/09/2014 the diagnosis was olecranon bursitis, right elbow for which he received a third cortisone injection. Documentation for nine (9) sessions of physical therapy between 8/20/2014 and 10/21/2014 has been submitted. Diagnoses includes AC separation s/p multiple surgeries, olecranon bursitis and ulnar neuritis. On 10/21/2014, Utilization Review denied a prescription for Voltaren gel 4 grams QID to affected areas based on lack of documentation of acceptable conditions for use of this medication, per the guideline recommendations. The MTUS Chronic Pain Medical Treatment Guidelines, chapter on Topical Analgesics was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 4 grams QID to affected areas: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgeics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with shoulder and ulnar neuritis pain. The current request is for Voltaren gel 4 grams QID to affected areas. The treating physician does not indicate, in the 10/09/14 report, what the affected areas would be for this medication. The MTUS Guidelines are specific that topical NSIAIDS are for, "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." The IW has a shoulder injury and an olecranon bursitis. The treating physician in this case has not documented that the requested Voltaren gel is for peripheral joint arthritis and this medication is not indicated for neuropathic pain. Therefore the request is not medically necessary.