

Case Number:	CM14-0199050		
Date Assigned:	12/09/2014	Date of Injury:	03/30/2011
Decision Date:	03/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/26/2014

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 65-year-old female who reported an injury on 03/30/2011. The mechanism of injury involved repetitive activity. The current diagnoses include carpal tunnel syndrome. The injured worker presented on 10/20/2014 with complaints of right wrist and hand pain, swelling, and tenderness, worse with activity. The current medication regimen includes tramadol 50 mg and Lidopro cream. There was no physical examination provided on that date. Recommendations included continuation of the current medication regimen, acupuncture, and physical therapy. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% - one tube: Upheld

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

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

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren 1% gel. It is indicated for the relief of osteoarthritis pain. In this case, the injured worker maintains a diagnosis of carpal tunnel syndrome. The injured worker has not been diagnosed with osteoarthritis. There is also no indication that this injured worker is currently utilizing the above medication. There is no frequency listed in the request. Given the above, the request is not medically appropriate.