

Case Number:	CM14-0202219		
Date Assigned:	12/15/2014	Date of Injury:	11/01/2012
Decision Date:	03/12/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/03/2014

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 63 year old female who reported an injury on 11/01/2012. The mechanism of injury involved repetitive activity. The current diagnoses include left wrist/hand pain, low back pain and lumbar radiculopathy. The injured worker has been treated with medications, physical therapy, chiropractic treatment and acupuncture. Left hand surgery (05/15/2013) resulted in no benefit for pain relief. The current medication regimen includes Voltaren gel 1%, which is beneficial in decreasing hand pain. The injured worker underwent an electromyography (EMG) of the left upper extremity on 03/07/2013 which revealed normal findings. The injured worker presented on 10/30/2014 with complaints of ongoing low back and left hand pain. There was no physical exam provided on that date. It was noted that the injured worker could not utilize oral Ibuprofen due to GI upset. Recommendations included an additional refill of Voltaren gel to be applied to the left hand twice daily. 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:

One tube of Voltaren Gel 100 grams with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state the only FDA-approved topical NSAID is diclofenac. It is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. According to the documentation provided, the injured worker does not maintain a diagnosis of osteoarthritis of the left hand. While it is noted that the injured worker reported an improvement in symptoms with the use of Voltaren gel, there was no objective evidence of functional improvement. The injured worker does not currently meet criteria for the requested medication. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.