

Case Number:	CM14-0206211		
Date Assigned:	12/18/2014	Date of Injury:	09/17/2012
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal Medicine 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:

The injured worker (IW) is a 46-year-old woman with a date of injury of September 17, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are carpal tunnel syndrome; and trigger finger. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 29, 2014, the IW complains of pain in the right thenar area. She reports the pain "comes and goes". Objective physical findings reveal positive Tinel's sign right carpal tunnel, right volar hand. Negative responses to carpal compression maneuvers for right carpal tunnel. Tender thenar eminence base noted. Right thumb carpometacarpal joint is within normal limits. Voltaren gel 1% (#100 grams) was given to the IW today (10/29/14). The provider did not provide directions for the gel and did not indicate where the gel is to be applied. The current request is for Voltaren gel 1% (#100 grams).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent #100 Grams: Upheld

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

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 MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% #100 g is not medically necessary. Topical analgesics are largely experimental few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment and print ankle, elbow, foot, hand, neat and risk). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the documentation from an October 29, 2014 progress note contains the recommendation for Voltaren gel 1% #100 g to be given to the patient today. The injured worker's working diagnosis of carpal tunnel syndrome; and trigger finger. There is no clinical indication or rationale for the topical analgesic nor is there prescribing information for frequency of application. Additionally, topical analgesics are largely experimental few controlled trials to determine efficacy and safety. Consequently, absent the appropriate clinical indication/rationale for Voltaren gel 1%, this request is not medically necessary.