

Case Number:	CM15-0000331		
Date Assigned:	01/09/2015	Date of Injury:	11/28/2012
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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
 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 60 year female who sustained an industrial injury on November 28, 2012. She has reported pain over the left wrist and has been diagnosed with reflex sympathetic dystrophy of upper limb, radius and ulna fracture, and radial styloid tenosynovitis. Treatment to date has included medical imaging, left radius osteotomy, series of 3 stellate ganglion block, splint, medication, and physical therapy. Currently the injured worker has swelling over the left wrist and complains of numbness in her index finger on the left hand. The treating physicians treatment plan included pain medication, splinting, and a home exercise program. On December 23, 2014 Utilization Review non certified Voltaren gel 1% # 1 tube noting the MTUS guidelines.

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: Overturned

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

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

Decision rationale: The patient is status post left distal radius fracture on 11/28/12 for which she underwent left radius osteotomy surgery on 06/26/14, as per progress report dated 12/09/14. The request is for VOLTAREN GEL 1%, ONE TUBE. Currently, the patient complains of intermittent pain in left wrist, dorsal hand and finger MCP joint, rated at 3-4/10. She also has numbness in the index finger on the left hand along with swelling at the end of the work day. Her diagnoses include reflex sympathetic dystrophy of upper limb, radius and ulna fracture, and radial styloid tenosynovitis. Current medications include Atenolol, Diltiazem, Estradiol, Flecainide, Fluoxetine, Furosemide, Lisinopril, Omeprazole, Oxycodone, Peri-colace and Trazodone. The patient also underwent left carpal tunnel release in 1988. She has returned to work without any restrictions, as per the same progress report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the first detailed documentation of Voltaren gel is noted in progress report dated 12/09/14. The treater states that: She has post traumatic arthrosis elements and needs to have future medical provision to include at least topicals. The treater also states that the patient has returned to her prior work. The treater further states that we are not giving her any medications but ask for authorization for a Voltaren gel to be applied to her wrist. MTUS allows for the use of topical NSAIDs such as Voltaren for peripheral joint arthritis. Given the patient's post traumatic arthrosis of the left wrist, the use of the gel appears reasonable and IS medically necessary.