

Case Number:	CM15-0002611		
Date Assigned:	01/13/2015	Date of Injury:	05/17/2002
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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 54-year-old male who reported an injury on 05/17/2002. The mechanism of injury was reportedly when his hand was left in a wood splitter and he suffered a crush injury to his left thumb. His diagnoses included reflex sympathetic dystrophy of the upper limb. Past treatments were noted to include medications and splinting. On 12/02/2014, the injured worker reported pain in his wrist that he rated 8/10. He reported that Voltaren gel was helpful. He reported that he received a 50% reduction in pain and 50% functional improvement with the use of medications. Upon physical examination, it was noted that injured worker had flexion contracture of the thumb and positive Phalen's and Tinel's signs. His grip strength was diminished. Medications were noted to include Lyrica, Zipsor, and Voltaren gel. The treatment plan was noted to include medications and exercise regimen. A request was received for 1 prescription of Voltaren gel 100g tubes #3 for improving his level of function. The Request for Authorization was signed on 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren gel 100g tubes #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 1 prescription of Voltaren gel 100g tubes #3 is not medically necessary. According to the California MTUS/ACOEM Guidelines, topical NSAIDs, such as Voltaren gel, are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that topical NSAIDs are indicated for osteoarthritis and tendinitis of the knee and elbow. The clinical documentation submitted for review did not indicate the injured worker had tried and failed antidepressants and anticonvulsants nor was it indicated that the injured worker had osteoarthritis or tendinitis. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request did not specify which body this was to be applied to nor how this medication specifically relieved his pain and improved his function. As such, the request for 1 prescription of Voltaren gel 100g tubes #3 is not medically necessary.