

Case Number:	CM15-0003835		
Date Assigned:	01/14/2015	Date of Injury:	07/27/2011
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 47 year old female, who sustained an industrial injury on 07/27/2011. She has reported subsequent bilateral elbow and wrist pain. The diagnoses have included bilateral moderate compression of the median nerve of carpal tunnel, left mild compression cubital tunnel, left elbow, bilateral upper extremity neuropraxic and status-post left elbow cubital tunnel decompression and right wrist carpal tunnel release. Treatment to date has included oral and topical pain medication, wrist braces, physical therapy, acupuncture, cortisone injection, a home exercise program and surgery. Currently the injured worker complains of continued moderate to severe pain in both elbows and wrists along with stiffness and clicking in the right thumb. Objective physical examination findings were notable for mild tenderness to palpation over thenar eminence of the right thumb with mild clicking. The physician noted that a refill of Voltaren gel was being requested. On 12/09/2014, Utilization Review non-certified a request for Voltaren gel, noting that topical NSAID's are recommended in treatment of osteoarthritis of the joints but that there was no evidence of a diagnosis of osteoarthritis. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gm: 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 - 113.

Decision rationale: The patient had cubital tunnel and carpal tunnel release. There is no documentation of osteoarthritis. There is no synovitis. Voltaren gel is only indicated for the treatment of osteoarthritis and is not indicated for this patient.