

Case Number:	CM15-0132377		
Date Assigned:	07/20/2015	Date of Injury:	04/01/2011
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female who sustained an industrial injury on 04/01/2011. The injured worker was diagnosed with bilateral medial epicondylitis, bilateral thumb carpometacarpal joint pain, right index finger distal interphalangeal joint pain, cervicalgia, cervical radiculopathy, right shoulder impingement syndrome and bursitis, gastritis and depression. Treatment to date has included diagnostic testing, conservative measures, right thumb carpometacarpal joint injection, Prolotherapy injections to the bilateral shoulders, Depo-Medrol trigger point injection in April 2015, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience right neck and shoulder pain and headaches. The injured worker rates her pain level at 8/10. The injured worker also reports difficulty sleeping. Examination demonstrated tenderness to palpation over the cervical paraspinal muscles, upper trapezius and scapular border with trigger points and tenderness to palpation over the right bicipital tendon. Cross-arm and Hawkins test were positive for the right shoulder. Spurling's test was positive. There was weakness noted with the right hand grip. Current medication is noted as Voltaren gel. Treatment plan consists of continuing with home exercise program, Dexamethasone trigger point injection and the current request for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 4 tubes Qty: 5.00: Upheld

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

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

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the documentation submitted for review, the injured worker has bilateral thumb carpometacarpal joint pain. With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 4/2015. The request with 5 refills exceeds 12 weeks of use. As it is recommended for short-term use only, therefore the request is not medically necessary.