

Case Number:	CM15-0132651		
Date Assigned:	07/20/2015	Date of Injury:	06/21/2013
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
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

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 47-year-old female, who sustained an industrial injury on 6/21/13. The injured worker was diagnosed as having De Quervain's syndrome, right ulnar neuritis, right superficial radial neuritis, and clinically consistent right median neuropathy. Treatment to date has included right wrist De Quervain's release on 12/13/13, right carpal tunnel release on 6/27/14, physical therapy, and medication. On 5/1/15 and 6/22/15, pain was rated as 5/10. The injured worker had been using Voltaren gel since at least 2/11/15. The treating physician noted the injured worker has reflux associated with medications and can only use topical anti-inflammatory medications due to gastric surgery. Currently, the injured worker complains of right arm and wrist pain. The treating physician requested authorization for Voltaren gel 1% 100g with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gm with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Topical Analgesics Page(s): 22, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Pain Outcomes and Endpoints Page(s): 111-113, 8-9.

Decision rationale: The patient presents with pain in the right arm and wrist. The request is for VOLTAREN GEL 1% 100 GM WITH ONE REFILL. Patient is status post right wrist De Quervains release and right carpal tunnel release surgeries, 12/13/13 and 06/27/14 respectively. Physical examination to the right wrist on 06/12/15 revealed tenderness to palpation over the superficial radial nerve distribution distal to surgical scar. Per 03/17/15 progress report, patient's diagnosis include status post right carpal tunnel release ICD-9, clinically consistent right median neuropathy, right superficial radial neuritis, right ulnar neuritis, and De Quervains syndrome. Patient's medications, per 06/12/15 progress report include Voltaren Gel 1%, Lidoderm Patches, Celebrex, and Nortriptyline. Patient's work status is modified duties. 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... Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." Patient has received prescriptions for Voltaren Gel from 02/10/15 and 06/12/15. In this case, the treater has not discussed how Voltaren Gel decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. While the patient does present with peripheral joint problems for which topical NSAIDs may be indicated, given the lack of documentation of its efficacy, the request IS NOT medically necessary.