MAXIMUS Federal Services

Case Number:	CM15-0140313		
Date Assigned:	07/30/2015	Date of Injury:	02/06/1998
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 2-6-98. The diagnoses have included recurrent left ulnar neuropathy status post previous ulnar nerve transposition, left lateral epicondylitis and status post bilateral carpel tunnel release. Treatment to date has included medications, activity modifications, diagnostics, surgery and physical therapy. Currently, as per the physician progress note dated 6-4-15, the injured worker complains of continued pain in the left medial elbow. The physical exam reveals tenderness over the left ulnar elbow with positive Tinel's sign over the ulnar nerve. There is weakness of the ulnar intrinsics on the left. There is numbness in the ulnar nerve distribution on the left and there is tenderness over the left lateral elbow. The current medications included Votaren, Prilosec, Menthoderm gel, and Tramadol. There is no recent urine drug screen report noted in the records. The physician requested treatment included Voltaren 100 mg #60, date of service 06-4-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100 mg #60, date of service 06/04/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com: Appendix A, ODG Workers Compensation Drug Formulary (updated 4/30/2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac).

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren 100 mg #60 is not medically necessary.