

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0140493 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 02/23/2015 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 07/02/2015 |
| 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 45 year old female who sustained an industrial injury on 2-23-15. The mechanism of injury was a slip and fall. In a physiatry consultation dated 6-22-15, the treating physician notes the injured worker complains of pain in her left ulnar aspect of the wrist as well as some numbness and tingling in the fourth and fifth finger. She has a previous history of a radial fracture from a fall, which was plated in 2012. The impression is suspected left ulnar neuropathy at the wrist and ulnar neuropathy at the elbow. She demonstrates 4 out of 5 grip strength on the left as well as opponent strength on the left. Tinel's sign is negative. An MRI reveals some bone edema in the carpal bones and a small cyst, no significant evidence of the fracture hook of hamate of pisiform, and no evidence of swelling around the Ulnar nerve. Previous treatment includes a brace, Relafen, zantac, Advil. The treatment plan is nerve conduction-electromyography studies of the left arm, Gabapentin half tablet of the 600mg tablet 3 times a day and Voltaren Gel. The requested treatment is Voltaren Gel 1%, day supply: 30 , quantity: 100, refills: 0, prescription date 6-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% day supply 30 Qty: 100, 0 refills, Rx date 06/23/15: 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 Section Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, there is no indication in the available documentation that the injured worker cannot tolerate oral NSAIDs. Additionally, there is no indication that the injured worker suffers from osteoarthritis pain in the wrist. The request for Voltaren gel 1% day supply 30 Qty: 100, 0 refills, Rx date 06/23/15 is determined to not be medically necessary.