

Case Number:	CM15-0149323		
Date Assigned:	08/12/2015	Date of Injury:	09/04/2013
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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 56 year old female who sustained an industrial fall injury on 09-04-2013. The initial X-rays noted a fracture of the right 4th and 5th metacarpal bone and the injured worker was casted and underwent physical therapy. The injured worker is diagnosed with complex regional pain syndrome type I, carpal tunnel syndrome, ankle and knee joint pain and psychological factors. Treatment to date has included diagnostic testing with recent right upper and right lower extremity magnetic resonance imaging (MRI) on Apr 22, 2015, hand surgeon consultation, orthopedic consultation, psychiatric evaluation and follow-up, splint, physical therapy (30 completed), home exercise program, massage and topical and oral medications. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience right arm pain with right wrist and hand swelling and stiffness which increases with repetitive movements. Medications provide approximately 50% relief of symptoms. Examination noted normal range of motion of the bilateral shoulders and elbows. There was a marked colored differential between both upper arms and hand. The right arm and hand was much darker with a reddish violet color and hot to touch. There was positive atrophy in the right thenar eminence. A contracture of the right proximal interphalangeal joint was documented. Current medications were listed as Nabumetone, Ibuprofen, Melatonin and topical medications. The injured worker is on temporary total disability (TTD). Treatment plan consists of continuing with home exercise program 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 1% topical gel 100gm X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounds.

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 that the injured worker's pain is due to osteoarthritis. Additionally, she is already taking oral NSAIDs. The request for Voltaren 1% topical gel 100gm X1 is determined to not be medically necessary.