

Case Number:	CM15-0164824		
Date Assigned:	09/02/2015	Date of Injury:	06/05/2005
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on June 5, 2005. Treatment to date has included left carpal tunnel release, topical pain medications, NSAIDS, and orthotics and work modifications. Currently, the injured worker complains of bilateral wrist-hand pain which she rates a 2-3 on a 10-point scale. She has bilateral shoulder and scapular pain and reports neck pain with associated headaches. She reports that her pain increases with use and she controls her pain with medications and activity restrictions. The injured worker notes that her pain is decreased by about 30-50% with medications and this allows her to perform activities of daily living and have less discomfort. Her medications include Voltaren gel which decreases her pain, swelling and allows her to use less oral medications. On physical examination the injured worker has decreased sensation to pinprick in the digits of the left hand. She has a healing surgical scare on the left wrist with no atrophy of the thenar or hypothenar areas. She has positive bilateral Tinel's signs which produced tingling sensation in the volar and distal palm bilaterally. She has positive carpal tunnel compression test bilaterally. She has tenderness to palpation over the shoulder and normal shoulder range of motion. She has tenderness to palpation over the cervical spine with mild spasm. A Spurling's sign is positive on the left. The diagnoses associated with the request include bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, and cervical and bilateral scapular shoulder strain. The treatment plan includes activity modifications, Prilosec-omeprazole, Naproxen and Voltaren gel as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Voltaren Gel 1% (diclofenac). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Diclofenac Sodium (Voltaren).

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months in combination with oral NSAIDs. Topical NSAIDs can reach systemic levels similar to oral NSAIDs increasing the risk of GI and renal disease. . There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with topical NSAIDs. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. Continued use of Naproxen is not medically necessary.