

Case Number:	CM15-0182187		
Date Assigned:	09/23/2015	Date of Injury:	11/14/2012
Decision Date:	11/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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, Pain Management, 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 30 year old male, who sustained an industrial injury on 11-14-12. He reported left elbow pain. The injured worker was diagnosed as being status open reduction internal fixation of the left elbow with subsequent hardware removal from the olecranon. Treatment to date has included open reduction internal fixation of the left olecranon and distal humerus with subsequent hardware removal. Physical examination findings on 8-10-15 included mild tenderness over the left elbow. Pronation and supination were within normal limits and he was neurologically intact. The injured worker's pain ratings were not noted in the submitted documentation. Currently, the injured worker complains of left elbow pain with decreased range of motion. The treating physician requested authorization for Voltaren 1% gel 100mg #12. On 9-14-15 the request was non-certified; the utilization review physician noted "the request is not reasonable as there is no documentation that here has been failure of first line therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Volatren 1% gel 100mg tube qty 12.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS 2009 states that Voltaren gel is a short-term option to treat superficial joints such as the elbow. There is no evidence of a long term efficacy with its use. In this case, this is a new prescription for topical use on the elbow which is a superficial joint. This request for Voltaren gel adheres to MTUS 2009 and is medically necessary.