

Case Number:	CM15-0185185		
Date Assigned:	09/25/2015	Date of Injury:	04/03/2012
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, 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 47 year old female, who sustained an industrial injury on 4-3-2012. The medical records indicate that the injured worker is undergoing treatment for lateral epicondylitis, tenosynovitis of hand and wrist, pain in forearm joint, and status post right first dorsal compression release (6-10-2015). According to the progress report dated 8-28-2015, the injured worker presented for a follow-up. There is no improvement since the last visit. She notes that her right palm became hard by the third and fourth metacarpal. Pain in the right hand shoots up the forearm. The physical examination reveals positive palmar tenderness. Jamar strength was graded 32, 42, and 30 on the left and 20, 20, and 20 on the right. There is a negative Tinel's and Phalen's sign. The current medication includes Motrin. Treatments to date include medication management and surgical intervention. Work status is described as modified duties. The original utilization review (9-11-2015) had non-certified a 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 gel 1% day supply; 25 qty; 100, refills; 00 Rx date; 8/31/2015: Upheld

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: Request: Voltaren gel 1% day supply; 25 qty; 100, refills; 00 Rx date; 8/31/2015. Voltaren Gel is a topical gel that contains the active ingredient Diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. A trial of anti-depressants and anti-convulsants for these symptoms were not specified in the records provided. As per the cited guideline, "In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Voltaren gel 1% day supply; 25 qty; 100, refills; 00 Rx date; 8/31/2015 is not medically necessary for this patient.