

Case Number:	CM15-0186486		
Date Assigned:	09/28/2015	Date of Injury:	11/26/2012
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old female who sustained an industrial injury on 11-26-2012. Current diagnoses include cervicothoracic sprain, lumbar strain, right knee sprain, status post ganglion cyst removal in 2014, and mild carpal tunnel syndrome. Report dated 08-07-2015 noted that the injured worker presented with complaints that included cervical spine, left wrist and right hand pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-07-2015 revealed decreased cervical range of motion, tenderness and decreased strength, slight decreased lumbar range of motion and tenderness, positive Kemp's, decreased left wrist range of motion, positive Phalen's, 1+ swelling and weak grip of the left wrist, 1+ swelling in the right wrist and hand with tenderness, and decreased grip. Previous diagnostic studies included an electrodiagnostic study on 07-22-2014. Previous treatments included medications, surgical intervention, and therapy. The treatment plan included obtains AME report and QME report, requests for a left wrist cock-up brace and Voltaren gel for bilateral wrist pain. The requesting physician noted that the injured worker cannot take NSAIDS due to GI issues and Tylenol only reduces pain from 5 to 3-4 out of 10. Request for authorization dated 08-20-2015, included requests for left cock-up wrist brace and Voltaren gel. The utilization review dated 09-02-2015, non-certified the 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%: 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: Voltaren gel 1% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS states that topical. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The request does not specify a quantity of this gel and the MTUS does not recommend this medication long term therefore this request is not medically necessary.