

Case Number:	CM15-0197293		
Date Assigned:	10/12/2015	Date of Injury:	11/01/2013
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female who sustained an industrial injury on 11-1-2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome and right neurogenic thoracic outlet syndrome. According to the progress report dated 9-10-2015, the injured worker complained of severe neck pain that radiated into the right hand with associated weakness and numbness of the hand. She had continued events where she could not move her right arm. The physical exam (9-10-2015) revealed sensory loss to light touch, pinprick and two-point discrimination in the right hand, especially in the right first, second and third fingers. There was also sensory loss in the fourth and fifth fingers. Tinel's sign was positive in the region of the right brachial plexus. Treatment has included physical therapy, injection and medication. The original Utilization Review (UR) (9-22-2015) denied 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% with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with severe neck pain that radiated into the right hand with associated weakness and numbness of the hand. The current request is for Voltaren gel 1% with 5 refills. The treating physician states, in a UR report dated 09/22/15, "Voltaren gel 1% with 5 refills." (7A) The MTUS Guidelines are specific that topical NSIADS are "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." In this case, the treating physician, based on the records available for review, has failed to show effectiveness, functional improvement, or explain why oral medication cannot be used. Additionally the patient has not been diagnosed with peripheral joint arthritic pain. The current request is not medically necessary.