

Case Number:	CM15-0201283		
Date Assigned:	10/16/2015	Date of Injury:	02/06/2001
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This is a 66-year-old female with a date of industrial injury 2-6-2001. The medical records indicated the injured worker (IW) was treated for carpal tunnel syndrome, status post bilateral carpal tunnel release; lesion of the ulnar nerve; and pain in the joint-shoulder. In the progress notes (7-17-15, 9-11-15), the IW reported pain in the neck, left shoulder and bilateral elbows. Medications included Flector patches 1.3%, Ibuprofen and Prilosec. Voltaren 1% gel was prescribed on 9-11-15 to replace Flector patches, as they helped her shoulder mobility, but were denied by insurance. On examination (9-11-15 notes), muscle tone was normal in all extremities. She was unable to raise her left arm above shoulder level. Treatments included TENS unit, shoulder surgery, carpal tunnel release and physical therapy. The IW was permanent and stationary with permanent disability. A Request for Authorization was received for Voltaren 1% gel, #1 with 3 refills. The Utilization Review on 9-28-15 non-certified the request for Voltaren 1% gel, #1 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren 1% gel with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. In this case, the claimant had been on topical Flector along with oral NSAIDS for several months there are diminishing effects after 2 weeks. The change to Voltaren gel with 3 refills is not medically necessary.