MAXIMUS Federal Services

Case Number:	CM15-0203644		
Date Assigned:	10/20/2015	Date of Injury:	10/30/2001
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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:

The injured worker is a 51 year old male who sustained an industrial injury on 10-30-01. A review of the medical records indicates he is undergoing treatment for lateral epicondylitis and rotator cuff syndrome of shoulder. Medical records (6-19-15 and 8-10-15) indicate ongoing complaints of bilateral shoulder, elbow, and wrist pain. The 8-10-15 record indicates "persistent" elbow pain with numbness and tingling in his bilateral hands. The physical exam (8- 10-15) reveals "normal" muscle tone without atrophy of bilateral upper and lower extremities.
The 6-19-15 exam reveals "5 out of 5" motor strength in bilateral upper extremities. Range of motions is noted to be "decreased by 25% in terms of flexion and abduction bilaterally". The records (6-19-15) indicate that the injured worker underwent surgery on the right elbow and wrist and "wants to avoid surgery on the left side". He received a corticosteroid injection in bilateral shoulders and elbows, which "helped" for approximately 2 weeks. He reports he is "not necessarily interested in more injection therapy". The treating provider indicates, "conservative treatment is reasonable" and prescribed Voltaren 1% gel and Etodolac on 6-19-15. The 8-10-15 progress note indicates that Etodolac was not providing "very much benefit". The utilization review (9-22-15) includes a request for authorization of Voltaren gel 1% #100. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren gel 1% gel #100: 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: 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. The claimant was on oral Etodolac as well. There are diminishing effects after 2 weeks. The continued and chronic use of Voltaren gel is not medically necessary.