

Case Number:	CM15-0025428		
Date Assigned:	02/17/2015	Date of Injury:	04/15/2014
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/10/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43-year-old female sustained an industrial injury to the left wrist via repetitive trauma reported on 4/15/14. Magnetic resonance imaging left wrist (5/17/14) showed a dorsal wrist ganglion cyst with mild degenerative changes. The injured worker was diagnosed with left ganglion cyst. Treatment included ganglion excision (9/2014), steroid injection, physical therapy and medications. In a PR-2 dated 1/22/15, the injured worker complained of ongoing pain and weakness in the left wrist with radiation up the left arm that was noted to be improved since surgery. Physical exam was remarkable for a well-healed, mildly tender incision over the left wrist without evidence of the former mass, slight tenderness over the scabolunate and near full range of motion of the wrist. The treatment plan included physical therapy twice a week for six weeks, Voltaren and Mentherm GEL. On 2/4/15, Utilization Review noncertified a request for Voltaren 100mg #60 DOS 1/22/15 and Mentherm 120 gms DOS 1/22/15 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120 gms DOS 1/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): p111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Voltaren 100mg #60 DOS 1/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Page(s): 112. Decision based on Non-MTUS Citation ODG Pain (Chronic), Voltaren gel.

Decision rationale: According to the MTUS, Voltaren Gel 1% (diclofenac): 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Additionally, accordingly to the ODG, Voltaren gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for injured workers who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to the documents available for review, there is no indication that the injured worker has had a failure of an oral NSAIDs, a contraindication to oral NSAIDS or cannot swallow solid oral dosage forms. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.