

Case Number:	CM15-0025780		
Date Assigned:	02/18/2015	Date of Injury:	05/30/2012
Decision Date:	04/21/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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:

The injured worker is a 46 year old female, who sustained an industrial injury on 5/30/12. The injured worker was diagnosed as having pain in wrist/forearm, shoulder region disorder, right carpal tunnel syndrome, left carpal syndrome and myofascial pain syndrome/fibromyalgia. Treatment to date has included oral medications, topical medications, and home exercise program and wrist injections. (NCV) Nerve Condition Velocity studies were performed. Currently, the injured worker complains of paresthesia of right hand digits and left hand digits. The current treatment plan consists of continuation of oral and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% with 1 refill, total of 3x100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with bilateral wrist and hand pain. The current request is for Voltaren Gel 1% with 1 refill, of 3x100. The treating physician states, "Patient has history of bilateral carpal tunnel syndrome. She also suffers from weakness and numbness at night. Voltaren Gel 1% 2 Grams, TOP, to affected area, 30 days, 1 refill." (129B) The MTUS guidelines state, "FDA-approved agents: 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)." Topical NSAIDs (salicylate) is supported for peripheral joint arthritis/tendinitis type of problems. In this case, the treating physician has documented that that patient has carpal tunnel syndrome and the gel helps decrease pain and helps the patient function. The current request is medically necessary and the recommendation is for authorization.

Voltaren XR 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: The patient presents with bilateral wrist and hand pain. The current request is for Voltaren XR 100mg #60. The treating physician states, "Patient has history of bilateral carpal tunnel syndrome. Patient takes Voltaren XR 100mg one PO b.i.d. and this helps the pain so that she can function. In addition, she presented with pain scale of 4/10. This is with medications." (128B) The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, the treating physician has documented that the patient has had a decrease in pain and had improved function on this medication. The patient has only been taking this medication since January 2015. The current request is medically necessary and the recommendation is for authorization.