

Case Number:	CM15-0213068		
Date Assigned:	11/02/2015	Date of Injury:	02/08/2012
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/29/2015

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

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(n) 51 year old male, who sustained an industrial injury on 2-8-12. The injured worker was diagnosed as having status post bilateral carpal tunnel releases and ulnar nerve transposition with flexor pronator lengthening, ongoing index flexor tenosynovitis, and early thumb CMC joint arthritis. Subjective findings (9-18-15) indicated bilateral upper extremity pain. The injured worker is using Voltaren gel intermittently for his discomfort and occasionally will take an oral anti-inflammatory. He is currently working. Objective findings (9-18-15) revealed well healed incisions and "good" range of motion. Treatment to date has included bilateral thumb cortisone injections in 12-2014, Ibuprofen, Celebrex and Voltaren gel (since at least 4-29-15). The Utilization Review dated 10-2-15, non-certified the request for Voltaren gel 1% #100 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #100 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment as in this chronic 2012 injury with use of Voltaren Gel since at least April 2015 along with concurrent use of another oral NSAID without clear indication for increased side effect profile. Although submitted reports have documented some pain relief from treatment rendered; there is no contraindication for the patient to take an oral NSAID use as is currently prescribed. In addition, there is no new injury, acute flare up or progressive neurological deficits to continue any form of NSAID beyond guidelines criteria. The Voltaren gel 1% #100 with two (2) refills is not medically necessary and appropriate.