

Case Number:	CM15-0217885		
Date Assigned:	11/09/2015	Date of Injury:	01/02/2011
Decision Date:	12/21/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year old male who sustained an industrial injury on 1-2-2011. A review of the medical records indicates that the injured worker is undergoing treatment for right wrist internal derangement, status post reconstructive surgery, right lateral epicondylitis and possible sympathetic mediated pain right upper extremity. According to the progress report dated 8-26-2015, the injured worker complained of pain in his bilateral wrists and elbows. He also complained of numbness in his right thumb, as well as weakness in both hands. He rated his pain 7 out of 10. Objective findings (8-26-2015) revealed tenderness to palpation of the posterior cervical musculature with increased muscle rigidity. There was decreased sensation along the lateral arm and forearm. Treatment has included surgery, physical therapy, cortisone injections, and medications. The injured worker discontinued Neurontin due to side effects. The physician noted (8-26-2015) that Lidoderm was denied and the injured worker was unable to tolerate any oral analgesic medications. The treatment plan was for a trial of Voltaren Gel. The original Utilization Review (UR) (10-7-2015) modified a request for Voltaren Gel to a one month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1.3%: 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: This claimant was injured in 2011 with reported right wrist internal derangement, status post reconstructive surgery, right lateral epicondylitis and possible sympathetic mediated pain right upper extremity. Lidoderm was denied and the injured worker was unable to tolerate any oral analgesic medications. The treatment plan was for a trial of Voltaren Gel. The original Utilization Review (UR) (10-7-2015) modified a request for Voltaren Gel to a one month supply. Per the MTUS, Voltaren Gel 1% (Diclofenac) 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. As this is a proposed trial, I would agree with the previous utilization review that a one month dispensation, rather than what was prescribed, would be reasonable. As submitted, the request is not medically necessary.