

Case Number:	CM15-0218995		
Date Assigned:	11/10/2015	Date of Injury:	11/03/2011
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York

Certification(s)/Specialty: Internal 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 11-3-2011. The injured worker is undergoing treatment for: left upper extremity pain, cubital and carpal tunnel on left. On 3-2-15, and 9-25-15, he reported left upper extremity pain that was increased and with spasm in the neck and radiating into the last three fingers of his left hand. Physical examination of the left elbow revealed well healed surgical incision, no atrophy, mild swelling, increased pain and decreased range of motion; left hand with tenderness over the surgical site, and full range of motion of fingers and wrist, and decreased sensation of dorsal radial aspect of left hand and left 5th finger. The treatment and diagnostic testing to date has included: left carpal tunnel release (date unclear), left cubital tunnel release (date unclear), medications and home exercise program. Medications have included: soma, and voltaren gel. Current work status: full duty. The request for authorization is for: voltaren gel one percent. The UR dated 10-8-2015: non-certified the request for voltaren gel one percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: 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): Topical Analgesics.

Decision rationale: The request for Voltaren gel (one tube) to be applied to the right knee three times a day for pain and inflammation is not medically necessary. The California MTUS Guidelines state Voltaren gel 1% (diclofenac) has an FDA appropriation indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 g per day. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.