MAXIMUS Federal Services

Case Number:	CM15-0220760		
Date Assigned:	11/13/2015	Date of Injury:	02/01/2013
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 40 year old female, who sustained an industrial-work injury on 2-1-13. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder pain and carpel tunnel syndrome right and left upper limb. Medical records dated 10-1-15 indicate that the injured worker complains of left shoulder pain and bilateral wrist pain. The pain is rated 8 out of 10 on the pain scale which is unchanged from previous visits. Per the treating physician report dated 10-1-15 the injured worker has not returned to work. The physical exam reveals that the bilateral wrists have decreased range of motion and positive Phalen's and Tinel's tests bilaterally. The physician indicates in the medical record dated 5-28-15 that the injured worker recently gave birth on March 2015 and is currently breast feeding as of 4-30-15. The physician indicates that no medications were re-filled as of 5-28-15 and on hold due to breast feeding. The medical record dated 101-15 the physician indicates that he recommends the injured worker to start Tylenol for pain as she is unable to take other medications due to breast feeding. She is to continue Voltaren gel and apply to each palms needed for localized pain relief. She reports use 3 times a day with additional 10-20 percent pain relief and no side effects noted. The documentation does not indicate failure of oral pain medications. Treatment to date has included pain medication, Tylenol ES, Norco, Voltaren gel since at least 5-28-15, diagnostics, work modifications and other modalities. The request for authorization date was 10-6-15 and requested service included Voltaren gel 1% 100gm quantity 2 with refill. The original Utilization review dated 10-13-15 non-certified the request for Voltaren gel 1% 100gm quantity 2 with refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gm quantity 2 with refill: 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: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, topical analgesics NSAIDs, states that Voltaren Gel 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. 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)." In this case, there is insufficient evidence of osteoarthritis in the records from 10/1/15 to warrant Voltaren Gel. CA MTUS guidelines do not recommend the use of Voltaren gel in treatment of the spine, hip or shoulder. Therefore, the prescription is not medically necessary and thus the determination is for non-certification.