

Case Number:	CM15-0221733		
Date Assigned:	11/17/2015	Date of Injury:	05/05/2000
Decision Date:	12/31/2015	UR Denial Date:	10/25/2015
Priority:	Standard	Application Received:	11/11/2015

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

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:

According to physician documentation, the injured worker was diagnosed with carpal tunnel syndrome, rheumatic fever, peptic ulcer disease, osteoporosis and arthritis. Subjective findings dated 6-22-2015, 8-4-2015 and 9-29-2015, were notable for right hand and left wrist pain that worsens with driving, activities and grasping with occasional tingling in her fingers stating she had excellent relief with non-steroidal anti-inflammatories and the Voltaren Gel has been beneficial. Objective findings dated 6-22-2015 and 8-4-2015, were notable for a previous surgical scar following right carpal tunnel release with ulnar nerve tenderness, thenar weakness with a carpal tunnel compression and Phalen test being positive producing paresthesia on the left with 25 seconds and on the right with slower onset at 35 seconds with no particular tenderness to the flexor pronator or common extensor tendons. Physician note states, 11-26-2015, a nerve conduction study was consistent with slowing of the ulnar nerve at both the right and left elbows and negative for carpal tunnel syndrome. Treatments to date have included Celebrex 50mg, Omeprazole non-steroidal anti-inflammatories and a brace. The Utilization Review determination dated 10-25-2015 did not certify prospective treatment/service requested for Voltaren Gel 1% between (9-29-2015 to 10-20-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter Voltaren gel (diclofenac) (updated 10/9/15).

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

Decision rationale: The patient was injured on 05/05/00 and presents with right hand and left wrist pain. The request is for VOLTAREN GEL 1%. The utilization review denial rationale is that "the report does not indicate that the patient is intolerant to other oral medication, or that the patient has failed trial of first-line NSAIDs. to substantiate the request for Voltaren gel." There is no RFA provided and the patient's current work status is not provided. There is no indication of when the patient began using this topical. MTUS, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 states the following: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). 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). It has not been evaluated for treatment of the spine, hip or shoulder. The patient is diagnosed with carpal tunnel syndrome, rheumatic fever, peptic ulcer disease, osteoporosis and arthritis. The 09/29/15 treatment report states that Voltaren Gel has been beneficial. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given that the patient continues to have left wrist pain, is diagnosed with arthritis, and receives benefits from Voltaren Gel, the request appears reasonable. The requested Voltaren Gel is medically necessary.