

Case Number:	CM15-0037376		
Date Assigned:	03/05/2015	Date of Injury:	12/23/2013
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/27/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 52-year-old female, who sustained an industrial injury on 12/23/2013, when lifting a resident out of a chair, resulting in right wrist pain. The diagnoses have included radial styloid tenosynovitis. Treatment to date has included conservative measures. Magnetic resonance imaging of the cervical spine, dated 9/29/2014, noted disc desiccation at C2-3 to C6-7, straightening of the normal cervical lordosis, and C6-7 diffuse disc herniation. X-ray of the left elbow, dated 10/04/2014, was unremarkable. Magnetic resonance imaging of the left elbow, dated 9/29/2014, noted radial collateral ligament and lateral ulnar collateral ligament sprain versus tear, triceps and brachialis tendinosis, and radiohumeral joint effusion. Magnetic resonance imaging of the left wrist, dated 9/29/2014, noted T1W hypointense/T2W hyperintense focus in the capitates. Currently (progress report 2/05/2015), the injured worker reports decreased pain since original injection, and declined another injection. Physical exam noted Finkelstein's 2+, right, first compartment mildly tender and left wrist more tender than the right. Grip strength was not tested. Impression was bilateral DeQuervain's tendonitis and small area of muscle spasm left forearm. Voltaren gel was recommended 4 times daily to affected areas. Current medications were not noted. A PR2 report, dated 8/25/2014, noted continued treatment with occupational therapy, Voltaren gel, and bracing. On 2/17/2015, Utilization Review modified a request for Voltaren gel 1% (100 gm tube x2 refills), to Voltaren gel 1% (100 gm tube x1 refill).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topicals Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of oral NSIADS or antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.