

Case Number:	CM15-0048219		
Date Assigned:	03/20/2015	Date of Injury:	02/24/2009
Decision Date:	05/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This male sustained an industrial injury with a laceration to the right wrist on 2/24/09. Previous treatment included right forearm ulnar nerve laceration repair, excision of right ulnar nerve neuroma with release of right ulnar nerve at Guyon's canal and right carpal tunnel release, electromyography, physical therapy and medications. In a PR-2 dated 2/3/15, the injured worker complained of persistent right wrist and hand pain rated 2/10 on the visual analog scale associated with tingling, numbness, weakness and finger swelling. Physical exam was remarkable for right wrist tenderness to palpation with dysesthesia to light touch in the right fourth and fifth digit and decreased right hand grip strength. Current diagnoses included right forearm and hand pain, wrist pain, status post right carpal tunnel release, status post right ulnar nerve release and right ulnar neuropathy. The treatment plan included medications (Neurontin and Voltaren gel), eight to twelve sessions of occupational therapy and a fit right wrist and hand splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, apply 2-4gm QID, with 3 refills, prescribed 2.3.15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The attached medical record does not indicate that the injured employee has a diagnosis of osteoarthritis or even tendinitis. This request for Voltaren gel is not medically necessary.