

Case Number:	CM15-0048563		
Date Assigned:	03/20/2015	Date of Injury:	04/13/2012
Decision Date:	05/19/2015	UR Denial Date:	02/27/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41 year old male with an industrial injury dated 04/13/2012. His diagnoses included entrapment neuropathy of upper limb and extremity pain. Prior treatments include TENS unit and medications. He presents on 02/09/2015 with complaints of pain along the left wrist, right wrist and elbow pain. He states pain level has increased since his last visit. Physical exam of the wrist noted tenderness to palpation with swelling. The treating physician notes the medications continue to reduce the injured worker's pain level with minimal side effects. The physician also notes the injured worker has improved function and is able to do more in and outside of the home such as basic household activities of daily living with increased endurance and tolerance for such activities. Documentation states medication compliance is monitored through the CURES system, urine toxicology screening is performed periodically and an opioid agreement is signed and in the chart. Treatment plan includes opioid medications, pain gel and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 2gm for Bilateral Wrists QTY: 3: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it "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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. As such, the request for Voltaren Gel 1% 2gm for Bilateral Wrists QTY: 3 is not medically necessary.