

Case Number:	CM15-0052465		
Date Assigned:	03/25/2015	Date of Injury:	07/15/1996
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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:

The injured worker is a 53 year old female, who sustained an industrial injury on July 15, 1996. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, bilateral ulnar neuritis left greater than right, chronic regional pain syndrome, myofascial pain, and right carpometacarpal (CMC) arthropathy. Treatment to date has included acupuncture, aquatic therapy, brace, chiropractic therapy, Immunoelectrophoresis, epidural steroid injection, facet injections, trigger point injections, massage, heat, right elbow injection, physical therapy, ultrasound, traction, and medications including oral pain, topical pain, anti-epilepsy, antidepressant, topical non-steroidal anti-inflammatory medication, and oral non-steroidal anti-inflammatory. On February 4, 2015, the injured worker complains of increased burning pain, cramping, and tearfulness due to not receiving her medications. She had left hand pain and dystonia. Associated symptoms include spasms of the fingers when the spread apart, bilateral hands lock up left greater than right, and can't stand the cold on her arms. She has elbow pain to both hands and a left pinky contracture. The physical exam revealed warmth of bilateral hands, left 4th/5th fingers red, and a contracture of the 5th finger that relaxes some as rested on the left leg. There was sensitivity to touch of the scar about 1 inch above elbow, normal wrist flexion, and painful wrist extension. There was pain of the left carpometacarpal #1, left epicondyles, and left abductor longus. The sensation was diminished in bilateral median and ulnar areas, ulnar greater than median. The treatment plan includes continuing her topical non-steroidal anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (Diclofenac sodium topical gel) 1%, apply 2gm four times a day, #100, 2 refills per peer review: 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)." While it is noted that the injured worker has wrist pain, there is no diagnosis of osteoarthritis or tendinitis. As such, medical necessity cannot be affirmed. Therefore the request is not medically necessary.