

Case Number:	CM15-0055345		
Date Assigned:	03/30/2015	Date of Injury:	11/21/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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:

The injured worker is a 46 year old female, who sustained an industrial injury on November 21, 2012. She reported a fall from a rolling chair. The injured worker was diagnosed as having radial styloid tenosynovitis, other wrist sprain, pain in joint involving hand and lesion of ulnar nerve. Treatment to date has included diagnostic studies, surgery, physical therapy, chiropractic treatments, acupuncture, heat application, TENS unit, injections, wrist brace and medications. On March 2, 2015, the injured worker complained of left wrist pain. She reported most of her pain in the base of the thumb on the left hand. She also developed numbness and tingling in the left hand that gets worse at night and with any repetitive motions. The treatment plan included FCR tendon injection and return to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100 grams 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories, NSAIDs, topical analgesics. Decision based on Non-MTUS Citation National library of medicine/search of topical medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with left wrist pain with numbness and tingling in the left hand mostly involving digits one through four. The request is for Voltaren Gel 1% 100 Grams 2 Refills. The RFA provided is dated 03/03/15 and the date of injury is 11/21/12. The patient has a diagnosis of radial styloid tenosynovitis, other wrist sprain, pain in joint involving hand and lesion of ulnar nerve. Physical examination revealed a fully-healed scar with full range of motion, with extension at 75 degrees. There is positive Phalen's, Durkan's and Tinel's test. Treatment to date has included diagnostic studies, surgery, physical therapy, chiropractic treatments, acupuncture, heat application, TENS unit, injections, wrist brace and medications. The patient is permanent and stationary and is working on modified duty. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): 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." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Treater has not provided a reason for the request. After review of the medical records it appears treater is initiating the use of Voltaren Gel. The patient has a diagnosis of peripheral joint tenosynovitis, for which an NSAID topical would be indicated. However, the request is with 2 refills. A trial of the topical may be reasonable for a short-term. MTUS does not support long-term use, and efficacy must be documented for continued use. The request is not medically necessary.