

Case Number:	CM15-0062206		
Date Assigned:	04/08/2015	Date of Injury:	09/11/2013
Decision Date:	05/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old female, who sustained an industrial injury on 09/11/2013. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care and medications. Per the progress report dated 10/09/2014, the injured worker complained of a flare-up of left wrist pain. The diagnoses included degenerative joint disease of the left wrist, extensor tendinitis of the left wrist, and small ganglion cyst of the left wrist. The treatment plan consisted of Voltaren gel 1% (1 tube), replacement of heavy duty thumb Spica wrist brace, continued non-steroid anti-inflammatory use, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: 1 Tube of Voltaren Gel 1% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states that topical NSAIDs are to be used in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). Voltaren Gel 1% (diclofenac) is specifically indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The documentation does not reveal intolerance to oral medications. The documentation is not clear on how long the patient has been using Voltaren as the MTUS guidelines recommend up to 12 weeks of use. The request for Voltaren Gel is not medically necessary.