

Case Number:	CM15-0081167		
Date Assigned:	05/01/2015	Date of Injury:	03/27/2013
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 37 year old female patient who sustained an industrial injury on 03/27/2013. A primary treating office visit dated 10/15/2014 reported the patient with subjective complaint of bilateral wrist/hand pain. She rates the pain at a 4-5 out of 10 in intensity and it occurs constantly. The pain is unchanged from the last visit. She is currently not working. The pain is made better with the use of topical creams; she doesn't take any oral medications. Objective findings showed the left wrist/hand with decreased range of motion. There was tenderness over the volar aspect at the base of the wrist; first MCP joint. There were positive Tinel's and Finkelstein's tests. There was weak grip strength bilaterally and swelling at the radial aspect of the base of wrist with associated tenderness. She is diagnosed with left wrist tendinitis and De Quervain's tenosynovitis; mild bilateral carpal tunnel syndrome, per electro diagnostic testing 05/09/2014; bilateral arm overuse syndrome, and bilateral tennis elbow tendonitis. The plan of care involved: obtaining the AME report, pending authorization for hand surgeon consultation, and recommending bilateral wrist braces. She is to return to modified work duty. The following visit dated 11/05/2014 showed no change in the subjective complaint, treating diagnoses, or medication regimen. The plan of care involved recommending a right elbow sleeve for tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (Diclofenac Sodium Gel) apply to right elbow and right wrist 2 x a day refills 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Nonselective NSAIDS Page(s): 111, 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, shoulder and knee pain. In this case, there is no documentation of functional improvement with the previous use of Voltaren gel. In addition, the patient is taking oral anti-inflammatories medication and the need for Voltaren gel is unclear. Therefore, the request for Voltaren gel is not medically necessary.