

Case Number:	CM15-0089858		
Date Assigned:	05/14/2015	Date of Injury:	10/12/2009
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 10/12/2009. The current diagnoses are bilateral carpal tunnel syndrome, status post right carpal tunnel release with revision, and chronic pain syndrome. According to the progress report dated 4/7/2015, the injured worker complains of bilateral wrist and hand pain. Her pain is localized to the wrist and radiates to the forearms with associated numbness and tingling to primarily the second through fourth digits of the bilateral hands. The level of pain is not rated. The current medications are Ibuprofen, Flexeril, and Ultracet. Treatment to date has included medication management, occupational therapy, home exercise program, electrodiagnostic testing, steroid injections, cognitive behavioral therapy, and surgical intervention. The plan of care includes prescription for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel 100gm #3 tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.voltarengel.com/common/pdf/Voltaren-PI-10-19.pdf.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant did not have arthritis and was on several oral analgesics (including NSAIDs) Topical NSAIDs can reach system is levels similar to topical NSAIDs. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.