MAXIMUS Federal Services

Case Number:	CM15-0237256		
Date Assigned:	12/14/2015	Date of Injury:	05/22/2014
Decision Date:	01/20/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/04/2015

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: Emergency 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 46 year old female, who sustained an industrial injury on May 22, 2014, incurring left upper extremity injuries. She was diagnosed with left elbow pain, left radial tunnel syndrome and muscle spasms. Treatment included physical therapy, wrist brace, pain medications, anti-inflammatory drugs and muscle relaxants topical creams and gels, transcutaneous electrical stimulation unit, acupuncture and ultrasound. Currently, the injured worker complained of persistent left upper extremity pain rated 3 out of 10 with medications on a pain scale from 1 to 10. Her pain level was 8 out of 10 without medications. She began using topical gels and creams for pain control in October 2015, obtaining relief. The treatment plan that was requested for authorization included prescriptions for Voltaren Gel 1% and Diclofenac Sodium gel 1% #300. On November 24, 2015, a request for prescriptions for Voltaren Gel and Diclofenac gel was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics such as voltaren have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. It is unclear why patient cannot take oral NSAIDs. Patient has been using this for at least 1 month with no noted objective improvement in pain or function. This is also an incomplete prescription with no noted total amount requested or refills. Due to documentation that does not show efficacy and an incomplete prescription, Voltaren gel is not medically necessary.

Diclofenac Sodium Gel 1% QTY 300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Current Edition (web), current year, Pain: Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics such as voltaren/diclofenac have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. It is unclear why patient cannot take oral NSAIDs. Patient has been using this for at least 1month with no noted objective improvement in pain or function. Due to documentation that does not show efficacy, Voltaren gel is not medically necessary.