

Case Number:	CM14-0113819		
Date Assigned:	08/01/2014	Date of Injury:	05/25/2010
Decision Date:	12/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 67 years old male who had developed upper extremity and spinal problems subsequent to an injury dated 5/25/10. He has been diagnosed with bilateral hand trigger fingers, bilateral carpal tunnel syndrome, cervical disc disease with radiculopathy, lumbar stenosis and most recently sacroiliac (SI) joint disease. He has been treated with trigger finger releases, carpal tunnel surgery, lumbar epidurals and most recently repeat SI joint injections. The use of Voltaren gel appears to be related to the spinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel Qty 5: 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 Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.voltarengel.com/hcp/default.aspx>

Decision rationale: MTUS Guidelines does not support the use of Voltaren gel for spinal conditions or complaints. There are no updated studies or recommended uses that would contradict these recommendations. The Voltaren gel 1% #5 is not medically necessary.

