

Case Number:	CM14-0149837		
Date Assigned:	09/18/2014	Date of Injury:	04/24/2013
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

There were 136 pages provided for this review. The issue was the Voltaren/ Diclofenac Sodium topical gel 1%. The request for independent medical review was signed but not dated. Per the records provided, this is a 35-year-old male who was injured back on April 24, 2013. The mechanism of injury was repetitive lifting and stocking shelves with 5 gallon paint buckets. The diagnoses were chronic lumbar sprain, bilateral upper extremity overuse syndrome, De Quervain's tenosynovitis, left wrist sprain, and rule out triangular fibrocartilage complex tear. A qualified medical evaluation report from May 2014 indicated that prior treatment, including medicines and wrist brace were used. Orthopedic evaluation and treatment for his shoulder wrist and back was recommended. As of July 17, 2014, he had nine out of 10 lower back, left elbow, wrist and hand pain. His pain was better with medications and exercise and he was not working. On exam there was tenderness to the paraspinals and hypertonicity. There was decreased range of motion and decreased sensation bilaterally at L4-S1. Bilateral elbow exam revealed full range of motion but there was medial epicondyle tenderness bilaterally. They were positive cubital Tinel's test left greater than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL (DICLOFENAX SODIUM TOPICAL GEL) 1%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 261, 272, Chronic Pain Treatment Guidelines Page(s): 56, 111-113.

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

Decision rationale: Per the MTUS, Voltaren Gel 1% (Diclofenac) 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. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on worker's compensation or any patient. The request is appropriately non-certified.