

Case Number:	CM14-0162310		
Date Assigned:	10/07/2014	Date of Injury:	02/28/2013
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 Preventive Medicine and is licensed to practice in Texas. 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:

<The injured worker is a 54 year old female with past history of stomach ulcer who was injured at work on 02/28/13. She is said to have injured her right wrist while cleaning a bath tub. She is reported to have complained of constant 5/10 pain in her right upper limb between the right shoulder and right hand when she saw her doctor on 09/15/14. The pain was associated with swelling and hypersensitivity. The physical examination was positive for well healed surgical scar on the palmer surface of the right hand; redness on the palmer surface of the hand, Left greater than right; darkened skin color dorsum of hand Left greater than right; slow with range of motion of the hands and digits. She has been diagnosed of shoulder hand syndrome, Complex Regional Pain Syndrome, Reflex Sympathetic dystrophy, and Psychophysiological disorder. Treatments have included physical therapy, carpal tunnel release, stellate ganglion block, Functional restoration program, Gabapentin, Ibuprofen, Lidoderm patch, Omeprazole, Topamax, and Voltaren 1% gel. At dispute is the request for Voltaren Gel 200mg with 2 refills. >

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 200mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Topical Analgesics Page(s): 17; 111-113.

Decision rationale: The injured worker sustained a work related injury on 02/28/13. The medical records provided indicate the diagnosis of shoulder hand syndrome, Complex Regional Pain Syndrome, Reflex Sympathetic dystrophy, and Psychophysiological disorder. Treatments have included physical therapy, carpal tunnel release, stellate ganglion block, Functional restoration program, Gabapentin, Ibuprofen, Lidoderm patch, Omeprazole, Topamax, Voltaren 1% gel. The medications provide 50% pain relief. The medical records provided for review do not indicate a medical necessity for Voltaren Gel 200mg with 2 refills. The MTUS recommends the use of topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The records also revealed the injured worker has 50% pain relief from the medications. The MTUS considers 50% pain reduction to anticonvulsants (examples Gabapentin and Topamax) as good response. Therefore, since the injured worker is benefiting from these first line medications, there is no need to introduce the optionally recommended topical analgesic. Besides, the injured worker has not been diagnosed of osteoarthritis of the limb, the primary indication for Voltaren gel. Furthermore, the injured worker is on Ibuprofen 800mg, an oral Nonsteroidal anti-inflammatory drug, the same family as Voltaren gel. Therefore, the requested treatment is not medically necessary and appropriate.