

Case Number:	CM14-0162563		
Date Assigned:	10/07/2014	Date of Injury:	12/26/2002
Decision Date:	11/07/2014	UR Denial Date:	09/29/2014
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 Physical Medicine and Rehabilitation 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:

The injured worker is a 60-year-old male who reported injury on 12/26/2002. Mechanism of injury was not submitted for review. The injured worker has diagnoses of wrist joint pain, hand joint pain, cervical spine strain, thoracic degenerative disc disease, cervicgia, thoracic radiculitis, and thoracic pain. Past medical treatment consists of physical therapy and medication therapy. Medications include Nabumetone, Voltaren gel, Norco, and Senna oral. No recent drug screens or urinalysis were submitted for review. On 08/21/2014, the injured worker complained of low back pain and bilateral wrist pain. Physical examination noted that there tenderness to palpation in the L to S area, with decreased range of motion due to pain as well as loss of lumbar lordosis. Extension was limited to 10 degrees with pain. Facet loading was positive. There was positive tenderness over the lumbar spine. Physical examination of the wrists revealed positive deformity of the 3rd right digit, tender, with positive decreased grip strength on the right side with a 3/5, 4/5 to the left side. Medical treatment plan is for the injured worker to continue to the use of Voltaren gel to the wrists. The provider feels the medications are helping with pain levels. The Request for Authorization form was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren gel, external gel 1% # 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren.

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

Decision rationale: The request for 1 prescription of Voltaren gel, external gel 1% # 30 with two refills is not medically necessary. The California MTUS state Voltaren gel (diclofenac) is an FDA approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity.) The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits the injured worker might have had. Additionally, there was no mention of any adverse side effects. The request as submitted did not indicate a dosage, frequency, or duration of the medication, nor did it indicate where the Voltaren gel was going to be used. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.