

Case Number:	CM14-0163178		
Date Assigned:	10/08/2014	Date of Injury:	03/01/2012
Decision Date:	11/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Orthopedic Surgery 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 is a 46-year-old female claimant with an industrial injury dated 03/01/12. The patient is status post a left carpal tunnel surgery as of 11/29/12. Conservative treatments have included acupuncture in the bilateral wrists, physical therapy, cortisone injection, massage therapy, paraffin bath, TENS unit, chiropractic treatment, a custom splint, and medication. Exam note 09/03/14 states the patient returns with bilateral wrist pain. The patient explains that it is worsening to ulnar sided pain in which she rates a 4-9/10. When the patient tries to bend at the PIP joint there is an audible popping and flare up of neuropathic pain indicating probable subluxing when using the digital nerve and ulnar nerve component. Upon physical exam there was bilateral shoulder pain in which radiated into both wrists. There were well-healed carpal tunnel scars bilaterally with some discomfort with compression and weakness with the right middle finger adduction and abduction with pain in the webspace in the 4th and 5th fingers. The patient has diminished sensation in the 4th and 5th fingers and elbow flexion test is positive on the right with aching in the ulnar nerve distribution. Treatment plan includes Norco, Oxycodone/Percocet, Gabapentin, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: 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 NSAIDs Page(s): 111-112.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, NSAIDs, states that Voltaren Gel 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. 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). In this case there is insufficient evidence of osteoarthritis in the records from 9/3/14 to warrant Voltaren Gel. Therefore, the determination is that the request is not medically necessary.