

Case Number:	CM14-0095317		
Date Assigned:	07/25/2014	Date of Injury:	06/20/2013
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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:

The patient is a 55-year-old female who has submitted a claim for bilateral carpal tunnel syndrome and s/p left wrist carpal tunnel decompression associated with an industrial injury date of June 30, 2013. Medical records from November 8, 2013 up to April 25, 2014 were reviewed showing numbness and tingling that radiates to her fingers. Pain is very minimal 1-2/10 in severity. Physical examination revealed left wrist flexion at 70degrees, extension 70degrees, radial deviation 30degrees, ulnar deviation 40degrees, (-)Finkelsteins, can move all fingers, pulses and sensation intact. As per UR note, a progress report dated 5/21/14 documented that the patient was released to modified work with restrictions including lifting or carrying up to 10 pounds with limited forceful gripping/grasping with bilateral upper extremities. Treatment to date has included Voltaren gel 3% BID, Meloxicam, physical therapy, HEP, and left carpal tunnel decompression. Utilization review from May 28, 2014 denied the request for Voltaren Gel 3% 100gm. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication that these types of medications have been tried/failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 3% 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to page 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the patient has been using Voltaren since at least May 2014. However, there was no documentation of the presence of osteoarthritis, which would warrant the use of Voltaren. There is no discussion concerning need for variance from the guidelines. Therefore the request for VOLTAREN GEL 3% 100GM is not medically necessary.