

Case Number:	CM14-0157584		
Date Assigned:	09/30/2014	Date of Injury:	01/03/2013
Decision Date:	01/02/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 Emergency 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 injured worker is a 64-year-old male who reported an injury on 05/10/2012 due to an unspecified mechanism of injury. The diagnosis included carpal tunnel syndrome, wrist pain, and radial styloid tenosynovitis. The diagnostics were not provided. Prior treatments included physical therapy, pain medication, and rest. Prior surgeries included a status post removal of deep retained hardware of the right ankle performed on 01/21/2014 and a right ankle open reduction internal fixation of distal fibular fracture of the right ankle performed on 01/11/2013. The medication included Norco, Voltaren, gabapentin, metformin, and naproxen. The injured worker complained of pain to the bilateral wrist and hands secondary to cumulative trauma and repetitive strain. The objective findings of the bilateral hands, dated 08/22/2014, revealed joints revealed surgical scars with open carpal tunnel release surgeries. No limitations were noted in the palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation, and supination. The patient was noted to have a Tinel's sign. No tenderness was noted to palpation. Bilateral hands revealed no swelling, no redness, no deformity, no atrophy or asymmetry. The injured worker was able to make a fist. No limitation was noted in flexion, extension of all fingers. No tenderness was noted on palpation. Finkelstein test was positive. The motor strength was a 5/5 bilaterally. Light touch sensation was decreased over the medial nerve distribution bilaterally at bilateral sides. Medications included Voltaren 1% gel. Request for authorization dated 09/30/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #1: Upheld

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

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

Decision rationale: The request for Voltaren 1% gel #1 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The clinical notes did not provide any objective functional measurements or efficacy of medication. Additionally, the guidelines do not recommend compound drugs. Therefore, the request is not medically necessary and appropriate.