

Case Number:	CM15-0014575		
Date Assigned:	02/02/2015	Date of Injury:	11/26/2012
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 11/26/2012. The mechanism of injury was a slip and fall. His diagnoses were noted as low back and hand pain. His past treatments were noted to include medication, activity modification, finger surgery, topical analgesic, and home exercise stretching bands. His diagnostic studies were not provided. His surgical history was noted to include finger surgery on 11/27/2012. During the assessment on 01/14/2015, the injured worker complained of right pointer finger pain. He rated his pain with medications as a 2/10 and an 8/10 without medications. He indicated that his activity level remained the same and he was having numbness in the right finger worsening with the cold weather. The physical examination of the lumbar spine revealed restricted range of motion with flexion limited to 90 degrees, limited by pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band was noted on both sides. Lumbar facet loading was positive on both sides with a negative straight leg raise test. The sensory examination revealed light touch sensation was decreased over the index finger on the right side with dysesthesias present over the index finger on the right side. Hyperesthesia was present over the thumb and index finger on the right side and allodynia of the right finger was present on the physical exam. His medications were noted to include ibuprofen 800 mg, gabapentin 300 mg, Voltaren 1% gel, Cymbalta 30 mg, and lidocaine 5% ointment. The treatment plan was to continue with the current medication regimen. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel with 1 refill: Upheld

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

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

Decision rationale: The request for Voltaren 1% gel with 1 refill is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that Voltaren gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. The clinical documentation does not indicate that there was a failure of antidepressants and anticonvulsants. There was no rationale indicating why the injured worker would require topical cream versus oral medication. The quantity, frequency, and application site for the proposed medication were also not provided. Given the above, the request is not medically necessary.