

Case Number:	CM15-0117922		
Date Assigned:	06/26/2015	Date of Injury:	01/16/2014
Decision Date:	08/26/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old female, who sustained an industrial injury on January 16, 2014. She reported injuring her right arm and hand when she fell. The injured worker was diagnosed as having sprains and strains of wrist. Treatment to date has included work modifications, 9 sessions of physical therapy, and medications including pain, topical non-steroidal anti-inflammatory, and oral non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On April 30, 2015, the injured worker complains of continued right shoulder, elbow, and hand pain without significant change since the prior visit. The right elbow pain is worse and radiates upward. The physical exam of the shoulders revealed tenderness to pressure over the joint, restricted range of motion bilaterally, a positive right impingement sign, and a negative left impingement sign. The wrist exam revealed tenderness to palpation of the first carpometacarpal joint, decreased right hand grip strength, normal range of motion bilaterally, a positive right Tinel's, and negative left Tinel's and bilateral Finkelstein's. The injured worker's work status was modified with restrictions that included: Avoid lifting greater than 10 pounds, avoid heavy pushing and pulling over 10 pounds, limited use of the right side extremity, limited to occasional over the right shoulder activity, restricted repetitive pinching and grasping on the right side, limited to repetitive hand motions frequently, and no use of the right hand. If no moderate duty available, the temporarily totally disabled. She is to return to a trial of regular work on May 1, 2015. Requested treatments include: Voltaren 1% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: According to the California Medical Treatment Utilization Schedule (CMTUS) guidelines, topical non-steroidal anti-inflammatory drugs are for short term (4-12 weeks) pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren is recommended by the California Medical Treatment Utilization Schedule guidelines for the topical treatment of ankle, elbow, foot, hand, knee, and wrist osteoarthritis pain. The medical records show the injured worker has been using Voltaren 1% gel for the treatment of right wrist sprain/strain since at least November 4, 2014, which exceeds the guidelines recommendation of 4-12 weeks. In addition, the medication records show that the injured worker is also taking an oral non-steroidal anti-inflammatory medication, Ibuprofen. There is no physician documentation to support the need of both an oral non-steroidal anti-inflammatory medication and a topical non-steroidal anti-inflammatory medication in the treatment of this injured worker. Therefore, the request for Voltaren 1% gel is or is not medically necessary.