

Case Number:	CM15-0041694		
Date Assigned:	03/11/2015	Date of Injury:	04/06/1993
Decision Date:	05/27/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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 68 year old female, who sustained an industrial injury on 04/06/1993. The injured worker is currently diagnosed as having bilateral wrist pain, bilateral carpal tunnel release, neuropathic pain, and bilateral upper extremity strain and sprain. Treatment and diagnostics to date has included bilateral carpal tunnel release surgery, heat/ice, and medications. In a progress note dated 01/22/2015, the injured worker presented with complaints of pain in both wrists and forearm. The treating physician reported requesting authorization for Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1 % 400 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: The patient presents with pain in bilateral wrists and forearms, rated 5-6/10 with medication and 7-8/10 without medication. The request is for VOLTAREN GEL 1%. Patient is status post bilateral carpal tunnel release, date unspecified. Physical examination on 01/22/15 to bilateral wrists, hands and forearms revealed tenderness to palpation. Range of motion was painful in all planes. Tinel's and Phalen's tests were negative. Per 10/12/14 progress report, patient's diagnosis include bilateral wrist pain, bilateral carpal tunnel release, neuropathic pain, and bilateral upper extremity strain and sprain. Per 01/22/15 progress report, patient's medications include Ultram, Voltaren Gel, Tylenol and Advil. Per 10/16/14 progress report, patient is permanent and stationary and will be returning to work in three months. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." Patient has received prescriptions for Voltaren Gel from 07/24/14 and 01/22/15. In progress report dated 12/08/14, treater states that the patient has been using Voltaren gel and paraffin wax, but sometimes is unable to tolerate that. In this case, the treater has not discussed how Voltaren Gel decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. While the patient does present with peripheral joint and tendinitis problems for which topical NSAIDs may be indicated, given the lack of documentation of its efficacy, the request IS NOT medically necessary.