MAXIMUS Federal Services

Case Number:	CM15-0065375		
Date Assigned:	04/21/2015	Date of Injury:	07/17/2014
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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: New York
Certification(s)/Specialty: Internal 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 44 year old male who sustained an industrial injury on 7/17/14 involving his right hand when a piece of machinery hit the right hand. He received medication and a brace. He had x-rays and MRI of the right hand. He currently complains of right hand pain (6-7/10) with numbness and tingling going up into the elbow. He has no neck pain. He has low back pain with radiation into the left leg. He has sleep difficulties. Medications include gabapentin, Voltaren Gel, naproxen, omeprazole. Diagnoses include right hand pain, status post crush injury; neuropathy; medication induced gastritis; lumbago; lumbar radiculopathy; lumbar facet dysfunction. Treatments to date include physical therapy, cortisone injections times two in the right hand without benefit, chiropractic therapy, home exercise program, acupuncture. Diagnostics include electromyography/ nerve conduction study of bilateral upper extremity was abnormal (10/3/14); MRI of the right hand (8/29/14) abnormal; x-ray of the right hand (7/17/14). In the progress note dated 1/19/15 the treating provider requests refill on medications including 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% 4gm #5 tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Voltaren gel (one tube) to be applied to the right hand for pain and inflammation is not medically necessary. The California MTUS Guidelines state Voltaren gel 1% (diclofenac) has an FDA appropriation indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 g per day. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits the injured worker had to the hand. In addition, the claimant is maintained on an oral NSAID, Naproxen. Furthermore, the request as submitted did not specify a dosage for the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.