

Case Number:	CM15-0072512		
Date Assigned:	04/22/2015	Date of Injury:	02/01/2010
Decision Date:	05/27/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female, who sustained an industrial injury on 02/01/2010. The injured worker is currently diagnosed as having right elbow post-traumatic lateral epicondylitis and radial tunnel syndrome with resultant chronic regional pain syndrome and insomnia. Treatment and diagnostics to date has included medications. In a progress note dated 03/18/2015, the injured worker presented with complaints of pain in the bilateral elbows, bilateral wrist/hand, bilateral shoulders, neck, back, bilateral feet, and head. The treating physician reported requesting authorization for Voltaren cream. The medications listed are OTC Naproxen, Aleve and Salonpas that was reported as effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Cream, with three refills: 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 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The risk of adverse effects is significantly increased with utilization of multiple NSAIDs medications concurrently. The records indicate that the patient was utilizing multiple OTC NSAIDs which she reported as being efficacious for the treatment of the musculoskeletal pain. The criteria for the use of Voltaren cream with 3 refills was not met. The request is not medically necessary.