

Case Number:	CM15-0095583		
Date Assigned:	05/22/2015	Date of Injury:	08/29/2011
Decision Date:	06/30/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old male, who sustained an industrial injury on 8/29/2011. He reported numbness and pain in his hands. Diagnoses have included bilateral carpal tunnel syndrome, rotator cuff syndrome, hypertension, diabetes mellitus (DM), stress, anxiety and depression. Treatment to date has included shoulder surgery, physical therapy, extracorporeal shockwave therapy and medication. Per the progress report dated 3/18/2015, the injured worker complained of bilateral hand pain, right greater than left with sharp, stabbing burning into the fingers. He complained of bilateral arm discomfort, shoulder pain and sleep deprivation. Exam of the wrists and hand revealed tenderness to palpation. Phalen's and Tinel's signs were positive bilaterally. According to the progress report dated 4/14/2015, the injured worker was seen for a blood pressure check, diabetes mellitus (DM) check and anemia. He was taking medications as directed. Authorization was requested 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 3% 100 grams #1: 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 NSAIDs Page(s): 112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.