

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/9/2013
Date of Injury: 5/18/2010
IMR Application Received: 7/24/2013
MAXIMUS Case Number: CM13-0003075

Dear Mr. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

/jr

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant reported a date of injury of 05/18/2010. The mechanism of injury was described as reaching for a large bundle of coats in separate plastic bags that were hanging from a pole, grabbing the hangers, and pulling them towards her with the weight of the coats causing her right wrist to snap. The patient was seen on 06/30/2013 and had tenderness along the radial aspect of the right wrist and into the right thumb, and Finkelstein's produced increased pain. Tinell's was negative at the wrist. The patient was given Voltaren gel 1% to apply to the wrist 3 times a day. The patient was discontinued on ibuprofen at that time. On 01/23/2013, the patient was seen back in clinic and continued to report complaints of pain. The patient was prescribed ibuprofen 600 mg 1 by mouth 3 times a day. Electrodiagnostic studies performed in 03/2013 were borderline and abnormal with evidence of right ulnar sensory neuropathy across the wrist, suggesting mild entrapment neuropathy. The patient was continued on Voltaren gel until last seen on 06/07/2013 with reports of right hand and right shoulder pain, indicating that the patient felt approximately the same with no changes in her clinical exam being noted. The patient was continued on Voltaren gel at that time.

IMR DECISION(S) AND RATIONALE(S)

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

1. Voltaren Gel is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current California Chronic Pain Guidelines indicate topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Chronic Pain Guidelines also indicate this type of medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They indicate that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Specifically, for non-steroidal anti-inflammatories, the Chronic Pain Guidelines indicate the "efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The Chronic Pain Guidelines indicate this medication shows diminishing effect over a 4-week period. Voltaren gel is indicated for relief of osteoarthritis and pain in joints that lend themselves to topical treatment, such as ankle, elbow, foot, hand, knee, and wrist. Maximum dose should not exceed 32 g per day, with 8 g per joint per day in the upper extremity, and 16 g per joint per day in the lower extremities. The medical records provided for review indicate this employee has been on Voltaren gel for a significant length of time, going back as far as 06/30/2010. The records do not describe efficacy of this medication, as the employee's last clinical note indicates the employee felt approximately the same. The strength and dosage of this medication has not been provided for this review either. No laboratory analysis has been performed to document that this medication is not causing renal and/or liver dysfunction at this time. **The request for Voltaren Gel is not medically necessary and appropriate.**

2. Axid is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Non-Steroidal Anti-Inflammatories Section, page 68, which is part of the MTUS.

The Physician Reviewer's decision rationale:

This medication is designed to treat gastrointestinal events and/or gastric ulcers. The medical records provided for review do not describe this employee having gastrointestinal ulcers or having significant gastrointestinal problems at this point in time. The Chronic Pain Guidelines indicate for patients on non-steroidal anti-inflammatories with no cardiovascular disease, non-selective NSAIDs are okay, except for ibuprofen and Naprosyn. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease can use a non-selective NSAID with either a proton pump inhibitor, such as omeprazole or misoprostol or a COX-2 selective agent. The employee's Voltaren gel is not considered medically necessary, and there would be no other medications described by the medical records provided for review that would potentially cause GI upset. Although this employee has been continued on Voltaren gel for a significant length of time, there is no indication that the employee has gastrointestinal events that could be related to that medication. **The request for Axid is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the

practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

