

Case Number:	CM14-0155596		
Date Assigned:	09/25/2014	Date of Injury:	04/19/2014
Decision Date:	11/04/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

49-year-old male claimant with an industrial injury dated 04/19/14. The patient is status post laceration, and has developed a constant pain due to deQuervain's tenosynovitis. Current medications include Voltaren, Lyrica, Neurontin, Norco, and Medrol Dosepak. Exam note 09/02/14 states the patient returns with hand pain. The patient explains that there is numbness in the left hand and rates the pain a 3/10. Upon physical exam the patient was noted to be neurocirculatory intact. There was tenderness over the left 1st wrist extensor compartment. Range of motion was noted as 4/5 limited by pain wrist extension. The patient had 2+ reflexes and sensation was reduced over the left 5th digit. The patient also had a noted positive Finkelstein's on the left. Diagnosis is noted as tendinitis of the first dorsal compartment of the hand. Treatment includes topical Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, pages 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is for not medically necessary.