

<b>Case Number:</b>	CM13-0002275		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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 Emergency Medicine 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:

The injured worker is a 55 year-old female, who sustained an injury on August 20, 2012. The mechanism of injury occurred from repetitive lifting, pushing and pulling. The initial complaints were right thumb pain. Findings from an exam dated April 30, 2013, included bilateral thumb first dorsal compartment tenderness and a positive left-sided Finkelstein's test. Diagnostics have included August 2012 x-rays which were reported as showing degenerative arthritis. Treatments have included a cortisone injection. The current diagnoses include hand joint pain, bilateral wrist/thumb tenosynovitis, and probable early onset osteoarthritis first carpal-metacarpal joint. The stated purpose of the request for Voltaren Gel 1% was to provide anti-inflammatory relief in light of the injured worker's history of hypertension. The request for Voltaren Gel 1% was denied on July 5, 2013, citing a lack of documentation of failure of oral non-steroidal anti-inflammatory drugs or injury osteoarthritis. Per the most recent report dated June 25, 2013, the treating physician noted that the injured worker complained of ongoing bilateral thumb pain, with some improvement following a cortisone injection on May 28, 2013, which lasted for approximately one week. An exam showed tenderness to palpation over the bilateral first carpal-metacarpal joint of the thumb, and pain with a distraction compression maneuver.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 1%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 111-112, 68-69.

**Decision rationale:** Page 111-112 of the California MTUS Chronic Pain Treatment Guidelines recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. Page 68-69 of the California MTUS Chronic Pain Treatment Guidelines, note that all NSAID's have the potential to raise blood pressure in susceptible patients. The injured worker has persistent thumb pain despite a cortisone injection. The treating physician has documented degenerative arthritis on x-ray and an injured worker history of hypertension, making oral anti-inflammatory medication inadvisable. Based on the currently available information, Voltaren Gel 1% is medically necessary.