

<b>Case Number:</b>	CM13-0024679		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine and Rehabilitation, 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. 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 underlying date of injury in this case is 04/30/2012. The primary diagnosis is 842.0 or a wrist sprain. An initial consultation report of 07/19/2013 notes that this is a 52-year-old woman with a history of bilateral wrist pain due to repetitive cumulative injury while working 25 years in the grocery business. The treating physician noted that an MRI of the right wrist of March 2013 showed a tear of the dorsal radiocarpal ligament or extensor retinaculum. Electrodiagnostic studies of 04/08/2013 showed a right greater than left median lesion consistent with carpal tunnel syndrome. No focal neurological deficit was noted. Motor strength was about 4+/5 in the right hand with grip in flexion and extension due to pain. The treating physician recommended treatment including Voltaren gel topically and also a cervical MRI without contrast. An appeal letter from an attorney on behalf of the patient notes that the treating physician requested a cervical MRI because the patient's cervical injury could be accountable for her upper extremity condition. That appeal also notes that the treating physician requested treatment with Voltaren gel. That letter notes that plain films of the cervical spine showed pronounced degenerative disc disease from C4 through C7 with narrowing of the neural foramen and that a consultant had opined that her cervical spine needed to be evaluated to determine if it is the case of her wrist and hand issues. An initial physician review noted that there was no documentation of a condition or diagnosis for which a cervical MRI would be indicated, particularly given the absence of neurological findings. That physician review also recommended non-certification of Voltaren gel, referencing guidelines indicating that this gel is applicable for the treatment of osteoarthritis in joints lending themselves to topical treatment and noted that the guidelines did not support the long-term use of topical (NSAIDS) Non-Steroidal Anti-Inflammatory Drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** ACOEM Practice Guidelines, Neck Complaints Chapter 8, page 182, recommends MRI imaging "to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for invasive procedure." The treating physician and the patient's attorney argued that an MRI is indicated in order to determine if the patient has cervical pathology. However, there are no neurological deficits noted on physical exam, electrodiagnostic studies do not show evidence of a radiculopathy, and plain films have demonstrated degenerative changes which can explain the patient's neck pain and which would not require surgical intervention. The medical records and the treatment guidelines do not outline a decision pathway by which an MRI of the cervical spine would likely change this patient's diagnosis or treatment. The electrodiagnostic and neurological exam demonstrate the absence of a neurological condition likely requiring surgical intervention. This request is not medically necessary

**Voltraren Gel:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics, pages 111 and 112, states regarding topical anti-inflammatory medications in particular, "Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period...These medications may be useful for chronic musculoskeletal pain, but there are not long-term studies of their effectiveness or safety Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. "Thus, the prior physician reviewer recommended non-certification of this treatment since it is not supported for long-term use, yet the medical records do not indicate that this has been requested for long-term use, but rather this appears to be an initial trial of this medication. Moreover, the guideline referenced by the prior reviewer specifically states that the wrist (which is symptomatic in this case) is particularly amenable to use of topical anti-inflammatory medication. The guidelines indicate that there is documented benefit at least in the short term for this treatment for both degenerative and inflammatory conditions in the wrist and hand. In this

situation, the medical records and guidelines do support this request for Voltaren gel. This request is medically necessary.