

<b>Case Number:</b>	CM13-0047777		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Orthopedic Surgery and Hand Surgery; and is licensed to practice in Texas. 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 patient is a 56-year-old female who reported an injury on 08/03/2004. The mechanism of injury was not provided in the medical records. The patient was diagnosed with carpal tunnel syndrome. The patient reported improvement in the left thumb when wearing a short opponet's splint. The patient requested protective splinting for the right thumb due to arthritis at the carp metacarpal level. There was noted to be positive grind test when manipulating the thumb. Crepitation was present with compression and torsion of the joint indicating an irregular joint surface. Voltaren gel was recommended to be continued as the patient reported improvement in symptoms when using the topical medication and avoids the need for steroid injections and physician office visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN CREAM TO HAND JOINTS (1OZ X 3 TUBES) WITH 2 REFILLS:** 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:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that non-steroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent, with most studies being small and of short duration. Voltaren Gel 1% is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). The documentation submitted for review indicated the patient reported improved symptoms when using an anti-inflammatory topical preparation. The request as submitted failed to indicate the frequency in which the topical medication was to be applied and failed to provide the dosage of the Voltaren cream was not provided in the request submitted. Given the above, the request for Voltaren cream to hand joints (1 ounce times 3 tubes) with 2 refills is non-certified.