

<b>Case Number:</b>	CM13-0069275		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 patient is a 41-year-old male who was injured on 07/24/2012. The mechanism of injury is unknown. Prior treatment history has included the following medications: Percocet, Ibuprofen 800 mg, 1 tablet prn, Oxycodone/APAP 5/325 mg, 2 tablets qd prn. There is an operative report dated 01/21/2013 stating patient had hamate nonunion and carpal tunnel. The diagnostic studies reviewed include nerve conduction study dated 12/05/2012 showing: 1) Delay median sensory distal latency bilaterally. 2) Remaining bilateral upper extremity nerve conduction studies normal. 3) Normal right upper limb and normal right cervical paraspinal muscle needle examination. Computed tomography (CT) scan of the right Wrist w/o contrast dated 12/12/2012: 1) Findings consistent with a remote hook of the hamate fracture versus a bipartite hamate. The bone fragment is well corticated. 2) No evidence increased scapholunate distance to suggest a scapholunate ligament disruption. Magnetic resonance imaging (MRI) of the right wrist w/o contrast: 1) Status post right carpal tunnel release surgery and there has been regrowth of the transverse carpal ligament versus scar tissue that is mimicking the transverse carpal ligament but no abnormal signal, flattening or swelling of the median nerve is appreciated in the carpal tunnel. 2) Status post excision of the right hook of the hamate and there is mild bone marrow edema in the volar aspect of the hamate, which may be reactive in nature. Progress report (PR-2) dated 05/23/2013 documented the patient stating he started Lyrica for neuropathic pain and he has been on medication for two weeks at 75 mg q 12 hours but pain is not better and he is still dizzy. He tried Nuvigil samples to help with sedation related to the Lyrica. Unfortunately, Nuvigil caused headaches. Objective findings on exam revealed the patient has no significant swelling or erythema of the right wrist. There is pain with end-range movements of the right wrist. There is a click at right wrist at end range of flexion when not stabilized. PR-2 dated 08/05/2013 documented the patient states he was off work for two weeks and his right hand and fingers have

had worse pain as an achy feeling mostly over the palmar aspect of his right hand. He is noted to have scar tissue in the right carpal tunnel which is likely causing pain. Objective findings on exam shows he has good range of motion of the right wrist but end range in flexion is painful. He has tenderness across the dorsum of the right wrist. PR-2 dated 11/07/2013 documented the patient is not working but still has pain in the right 1st and 2nd digits. The pain is consistent and sharp in character. Wrist flexion and extension activities cause pain to be much worse. He only occasionally takes Vicodin. He has tried several Nonsteroidal anti-inflammatory drugs (NSAIDs) but it caused gastrointestinal distress. Objective findings on exam show he has two right medial wrist scars which are well healed. The medial scar is 6 cm and the lateral scar is 2 cm. Right wrist flexion is 70. Left wrist flexion is 80. Grip strength: right 29,27,25 and left 42,40,40. +Hyperesthesia on the plantar surface on the right. Light touch sensation is intact.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**10 tubes of Voltaren gel 1%:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Voltaren® Gel 1% (diclofenac) is an Food and Drug Administration (FDA) approved agent that is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). This product is not recommended for neuropathic pain as there is no evidence to support use. The medical records indicate the patient has been recommended numerous tubes of Voltaren gel to address a right wrist condition. He is apparently status post right carpal tunnel release and of hamate excision performed in January 2013. The medical records do not establish the patient has osteoarthritic pain. In addition, failure of standard oral medications is not been established. The medical records do not establish Voltaren gel is appropriate and medically necessary for the treatment of the patient's condition.