

<b>Case Number:</b>	CM14-0004243		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 29-year-old employee of the [REDACTED] company with a 7/15/10 date of injury. The patient was working with a lettuce packing machine, when a wing that weighed more than 50 pounds crushed his left hand after safety pins failed. The 11/26/13 progress report indicates persistent pain over the second and third PIP joints, with occasional numbness in the fingers and weakness with gripping and on gripping repetitively. Physically exam demonstrates dysesthesia of the second and third fingers of the left hand. There is weakness of the left second and third extensor muscles. Discussion identifies that the Voltaren gel is prescribed to help with inflammatory reactive pain. Electrodiagnostic findings were unremarkable. X-rays were negative for any acute or significant osseous pathology with marked soft tissue changes. The treatment to date has included physical therapy x 18, medication, shoulder sling, splint, and activity modification. There is documentation of a previous 1/7/14 adverse determination because Voltaren Gel was not indicated for chronic complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 5%:** Upheld

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

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines state on page 112 that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. The patient presents with residual chronic left hand pain complaints recalcitrant to a prolonged course of conservative care. However, Voltaren Gel is indicated for osteoarthritic pain. This patient is 29 years old and X-rays were negative for osteoarthritis. There is also no indication for the 5% formulation, as opposed to the 1% formulation that would be indicated for osteoarthritic pain. Therefore, the request for Voltaren Gel 5% was not medically necessary.