

<b>Case Number:</b>	CM14-0111304		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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 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 20 year-old patient sustained an injury on 3/8/14 from feeding a feral cat when it bit her after trying to get out of the trap while employed by [REDACTED]. Request(s) under consideration include Voltaren Gel 1%, #400gm. Diagnoses include left middle finger cut/bite/wound. Conservative care has included medication, therapy, and modified activities/rest. Report of 3/27/14 from the provider noted patient with 2nd finger open irrigation and debridement. Exam showed normal appearance; non-antalgic gait; left long finger "looks great; no TTP along flexor tendon; no swelling, volar side is very supple, no erythema, incisions healed with no EDI, near full extension." Diagnosis was flexor tendon sheath infection. Treatment included suture removed; hand therapy x8, and remaining off work. ED report of 4/10/14 noted patient there for medication refill and second rabies shot. Exam showed extremity with no swelling or redness or pain; wound recheck 2 finger- looks good/improved. The request(s) for Voltaren Gel 1%, #400gm was non-certified on 6/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%, #400gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with digit pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for without documented functional improvement from treatment already rendered. The Voltaren Gel 1%, # 400gm is not medically necessary and appropriate.