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| <b>Case Number:</b>   | CM14-0157598 |                              |            |
| <b>Date Assigned:</b> | 09/30/2014   | <b>Date of Injury:</b>       | 05/24/2010 |
| <b>Decision Date:</b> | 12/10/2014   | <b>UR Denial Date:</b>       | 09/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2014 |

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 50 year old female with a date of injury on 5/12/2011. Diagnoses include bilateral carpal tunnel syndrome. Subjective complaints are of pain in the right hand, with numbness and tingling. Physical exam shows a positive spurling maneuver, stiffness in the right second and third digits, and positive Phalen's and Tinel's sign. Treatment has included night bracing, physical therapy, Voltaren gel, tramadol, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; non-steroidal anti-inflammatory agents (NSAIDs).

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

**Decision rationale:** CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. CA MTUS does indicate that they are recommended for osteoarthritis and tendinitis, in particular,

that of the knee and elbow or other joints amenable to topical treatment. For this patient, records do not indicate that this patient is being treated for osteoarthritis. Therefore, the medical necessity for topical Voltaren is not established.