

<b>Case Number:</b>	CM14-0069894		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

According to the records made available for review, this is a 36-year-old female with an 8/20/10 date of injury, status post left lateral elbow release on 3/24/14, and status post bilateral carpal tunnel release. At the time (4/29/14) of request for authorization for 3 Voltaren Gel 2g 100 g tubes with 2 refills, there is documentation of subjective (bilateral wrist and elbow pain) and objective (tenderness to palpation over the bilateral wrists and left elbow with decreased range of motion) findings, current diagnoses (status post left lateral release elbow surgery, left elbow internal derangement, left elbow epicondylitis, left elbow sprain/strain, bilateral carpal tunnel syndrome, and status post bilateral carpal tunnel release), and treatment to date (Voltaren gel since at least 7/23/13). In addition, 5/29/14 medical report identifies that Voltaren gel provides 50% decrease in pain and 50% improvement of activities of daily living. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Voltaren Gel 2g 100 g tubes with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of status post left lateral release elbow surgery, left elbow internal derangement, left elbow epicondylitis, left elbow sprain/strain, bilateral carpal tunnel syndrome, and status post bilateral carpal tunnel release. In addition, given documentation of 50% decrease in pain and 50% improvement of activities of daily living with Voltaren gel, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Voltaren gel. However, despite documentation of bilateral wrist pain, there is no (clear) documentation of osteoarthritis pain in joints that lend themselves to topical treatment (wrist). In addition, given documentation of ongoing treatment with Voltaren gel since at least 7/23/13, there is no documentation of short-term use (4-12 weeks). Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 3 Voltaren Gel 2g 100 g tubes with 2 refills is not medically necessary.