

<b>Case Number:</b>	CM14-0077510		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/02/1999
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Nevada. 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:

The records presented for review indicate that this 54-year-old female was reportedly injured on August 2, 1999. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of left thumb pain. Current medications include Lunesta and Voltaren gel. The physical examination demonstrated tenderness over the basilar joint with a positive grind test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left thumb steroid injection. A request had been made for Voltaren gel and was not certified in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% #300:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Voltaren gel Page(s): 112.

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

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration,

or for whom oral administration is contraindicated. The progress note dated April 29, 2014 states that the injured employee is unable to tolerate oral inflammatory medications due to her inflammatory bowel syndrome. Considering this, the request for Voltaren gel is medically necessary.