

<b>Case Number:</b>	CM14-0200037		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 injured worker sustained a work related injury on January 3, 2013, noted to be cumulative trauma and repetitive strain while performing customary job duties as an aircraft mechanic. The injured worker was noted to have undergone right ankle lateral malleolus closed fracture repair surgery on January 10, 2013, with hardware removal on January 21, 2014, and bilateral carpal tunnel release surgeries in September 2013 and October 2013. The surgical reports were not included in the documentation provided. On September 2, 2014, electromyography and nerve conduction studies were noted to show evidence of severe bilateral carpal tunnel syndrome affecting sensory and motor components. The Primary Treating Physician's noted dated September 26, 2014, noted the injured worker with bilateral wrist pain, able to perform activities of daily living with pain medications. Physical examination was noted to show no tenderness on palpation of bilateral wrists and hands. The Physician noted the diagnoses as carpal tunnel syndrome, wrist pain, and radial styloid tenosynovitis. The Physician requested authorization for Norco 10/325mg #60 and Voltaren 1% gel. On November 6, 2014, Utilization Review evaluated the requests for Norco 10/325mg #60 and Voltaren 1% gel, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the Norco 10/325mg #60 was certified, and that based on the documentation provided the guidelines for topical analgesics were not satisfied. The UR Physician noted there were no documentation of failure of oral nonsteroidal anti-inflammatory (NSAID) medication and no rationale for topical NSAIDs when the injured worker was prescribed an oral NSAID. Therefore the request for Voltaren 1% gel was non-certified. The decision was subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel:** Upheld

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

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

**Decision rationale:** This patient has complained of bilateral wrist pain since date of injury 1/3/2013 and has been treated with physical therapy, bilateral carpal tunnel release surgeries (09/2013, 10/2013) and medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Voltaren gel is not medically necessary.