

<b>Case Number:</b>	CM14-0210105		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/01/1996
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/01/96 and has been treated for bilateral carpal tunnel syndrome. She was seen by the requesting provider on 04/27/12. She had ongoing intermittent upper extremity symptoms. She was occasionally taking Advil or Daypro. She had symptoms of elbow and forearm soreness with hand tightness. She was noted to be retired. Daypro was refilled. On 04/22/13 she was having ongoing bilateral upper extremity forearm, wrist, and hand symptoms. Daypro was refilled. On 11/17/14 she was having ongoing minor wrist discomfort and soreness. She had increased left third finger symptoms with pain and decreased range of motion and occasional triggering. She was diagnosed with possible left third finger tendinitis and Lodine and Voltaren gel were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 300g:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for bilateral hand and wrist pain. Oral non-steroidal anti-inflammatory medications have been effective. When seen, oral Diclofenac and topical Diclofenac were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Diclofenac is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.