

<b>Case Number:</b>	CM15-0009195		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 34-year-old female, who sustained an industrial injury on 12/15/2011. The diagnoses have included bilateral wrist tendinitis, bilateral carpal tunnel syndrome, bilateral carpal tunnel release and bilateral cubital tunnel syndrome status post bilateral cubital tunnel release. Past medical history included asthma and diabetes mellitus. Treatment to date has included surgical intervention and pain medications. According to the initial consultation report dated 12/9/2014, the injured worker had complaints of bilateral wrist and hand pain with numbness. The injured worker described the symptoms as achy in quality and rated them as 4/10 on the visual analog scale (VAS). The injured worker had been referred for specialized nonsurgical spine care and pain management consultation and treatment. Current medications included Motrin, Lantus and Aprida. Physical exam revealed bilateral wrists range of motion were restricted by pain in all directions with positive Tinel's. Work restrictions were no repetitive grasping, wrist or elbow motions and no typing greater than twenty minutes without a break. The injured worker was provided with a prescription for Voltaren 1% Gel 100g with one refill. On 1/5/2015, Utilization Review (UR) non-certified a request for Voltaren 1 percent Gel 100g with one refill, noting that the analgesic response to prior pharmaco-therapy was not documented to justify the addition of Voltaren Gel. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel 100gm #1 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** MTUS recommends Voltaren Gel as first-line treatment or conditioning affecting the hands or wrists. These guidelines would recommend Voltaren Gel as particularly effective for this patient's diagnosis of tendinitis of the wrist. An initial physician review states that first-line medications for neuropathic pain should be tried prior to Voltaren gel; however, for wrist tendinitis Voltaren Gel would itself be a first-line treatment and not neuropathic pain medications. This request is supported by the treatment guidelines and is medically necessary.