

<b>Case Number:</b>	CM15-0169583		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 58 -year-old female who sustained an industrial injury on November 19, 2013 resulting in left hand and wrist pain. Diagnoses have included de Quervain's tenosynovitis and left carpal tunnel syndrome. Documented treatment includes a June 24, 2015 surgical release of the first dorsal compartment and ablation of the superficial radial nerve of the right wrist; and, the injured worker has completed at least 6 post-operative physical therapy sessions showing some improvement in range of motion with beginning wrist flexion at 34 degrees ending in 40 degrees, and wrist radial deviation from 3 degrees to 5 degrees. Goals are flexion 60 degrees and wrist deviation 15 degrees. Pain improved from 10 out of 10 to 7 out of 10. The injured worker continues to report pain and swelling of the left wrist, and the treating physician's plan of care included a request for Voltaren Gel on August 10, 2015. This was denied on August 22, 2015 and stated to be "not medically reasonable or necessary" due to "no evidence of wrist arthrosis." The injured worker is on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel, 1 gram, apply 3 times daily as directed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for oral NSAIDS and opioids. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. Length of use was not provided. The claimant did not have a diagnosis of arthrosis. The Voltaren gel is not medically necessary.