

<b>Case Number:</b>	CM15-0188120		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 52 year old female, who sustained an industrial injury on 9-9-2013. Medical records indicate the worker is undergoing treatment for mild left carpal tunnel syndrome per electromyography (EMG) and nerve conduction study (NCS) from 6-23-2015, cervical sprain with radicular symptoms, left shoulder tendinitis and adhesive capsulitis, status post left cubital tunnel release and status post left endoscopic carpal tunnel release. A recent progress report dated 8-15-2015, reported the injured worker complained of burning pain in the left elbow that radiates to her triceps and down her forearm to her ring finger. Physical examination revealed left ulnar nerve tenderness. Treatment to date has included surgery, physical therapy and medication management. On 8-15-2015, the Request for Authorization requested a new prescription of Voltaren gel 100grams with 1 refill. On 8-26-2015, the Utilization Review non- certified the request for Voltaren gel 100grams with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 100g with 1 refill:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac).

**Decision rationale:** The MTUS lists Voltaren Gel as an FDA approved medication 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, and according to the ODG, it is not recommended as first-line treatment. Of critical importance is that MTUS states that topical NSAIDs are not recommended for neuropathic pain. According to the recent medical records through 9-22-2015, due to the lack of evidence for use in the surface regions of this injured worker's complaints and that Voltaren is not indicated for neuropathic pain, the request for Voltaren gel 100g with 1 refill is not medically necessary and appropriate.