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| <b>Case Number:</b>   | CM15-0210002 |                              |            |
| <b>Date Assigned:</b> | 10/28/2015   | <b>Date of Injury:</b>       | 08/04/2014 |
| <b>Decision Date:</b> | 12/09/2015   | <b>UR Denial Date:</b>       | 10/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/26/2015 |

### 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 45 year old female who sustained an industrial injury on 8-4-14. As of 9-23-15 the injured worker was to return to modified work. The medical records indicate that the injured worker has been treated for lesion of the ulnar nerve; bilateral carpal and cubital tunnel syndrome; bilateral upper extremity overuse myofascial pain syndrome; bilateral cervical brachial syndrome; chronic pain syndrome. She currently (10-1-15) complains of constant pain-paresthesia in the bilateral forearm, wrists, and hands. The physical exam revealed a positive Tinel's at bilateral elbows; positive Tinel's and Phalen's at bilateral wrists. The range of motion of the shoulders, elbows and wrists were normal; decreased sensation in bilateral medial forearms. There was tenderness over the carpal and cubital tunnels bilaterally. Her pain level per 9-22-15 note was 3 out of 10 in the elbow. Diagnostics include a positive electromyography-nerve conduction study indicating ulnar neuropathy. Treatments to date include medications: diclofenac, gabapentin, Lidocaine topical cream, Voltaren, Protonix, Ultram ER; cognitive behavioral therapy. In the 9-22-15 progress note the treating provider discontinued diclofenac, gabapentin, Lidocaine topical cream due to shaking of the hands and requested Voltaren 1% Gel to be applied to the bilateral elbows as needed. On 10-2-15 Utilization Review non-certified the request for Voltaren 1% Gel 100 grams, 3 tubes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) tubes of Voltaren 1% gel 100gm:** Upheld

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

**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. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. The claimant was on NSAIDS and other topical analgesics as well. The claimant did not have arthritis of the elbow. There are diminishing effects after 2 weeks. The Voltaren gel with 3 refills is not medically necessary.