

<b>Case Number:</b>	CM15-0085538		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	07/05/2010
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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  
Certification(s)/Specialty: Emergency Medicine

### 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 50 year old, female who sustained a work related injury on 7/5/10. The diagnoses have included de Quervain's tenosynovitis right arm, tenosynovitis hand/wrist, right wrist carpal tunnel syndrome and neck strain/sprain. The treatments have included medications, "Tiger balm," and physical therapy. In the PR-2 dated 4/16/15, the injured worker complains of hand soreness. She also complains of pain in right side of neck. She has right sided neck muscle tenderness. She has tenderness in right radial hand. She has tender right carpal tunnel area. The treatment plan includes a prescription for Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per MTUS Chronic Pain Guidelines topical analgesics such as Voltaren/Diclofenac gel have poor evidence to support its use but may have some benefit. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Documentation states that plan was to use topical gel on hands and wrists which has diagnosis of Tenosynovitis and Carpal tunnel. A trial of topical analgesic NSAID is supported by guidelines. This request is medically necessary.