

<b>Case Number:</b>	CM15-0087877		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: New Jersey

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 44 year old male, who sustained an industrial injury on July 17, 2014. The injured worker reported right hand pain. The injured worker was diagnosed as having medication induced gastritis, neuropathy and right hand pain. Treatment and diagnostic studies to date have included electromyogram and topical and oral medication. A progress note dated March 18, 2015 provides the injured worker complains of right hand pain and weakness with radiation to the elbow. He rates the pain 5/10 with medication and 6/10 without medication. Physical exam notes grip weakness and decreased sensation with tenderness on palpation of the right hand. Electromyogram results and surgery authorization are pending. The plan includes Voltaren gel, naproxen, omeprazole and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel 40mg, #5 tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Voltaren Gel 1% (diclofenac) Page(s): 112.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, the Voltaren gel was prescribed to help reduce pain from a hand injury which occurred many months prior to this request for a renewal of Voltaren gel. Using any NSAID chronically is not indicated for the diagnoses listed in the notes available for review. Also, the records showed that the worker was also using oral NSAIDs, and being prescribed two NSAIDs seems redundant. Also, there was no recent clearly documented evidence of benefit from using Voltaren gel which would have helped to justify its continuation. Therefore, the request for Voltaren gel will be considered medically unnecessary.