

<b>Case Number:</b>	CM15-0237480		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old male who sustained a work-related injury on 10-20-11. Medical record documentation on 10-20-15 revealed the injured worker was being treated for history of chronic bilateral wrist pain and bilateral wrist fracture, history of bilateral wrist operative fixation, closed nasal fracture and traumatic aggravation of septal deviation. He reported postponing nasal surgery for his septal deviation. He reported problems with his hand and noted that ibuprofen does help with some of the pain in the upper extremities. He used Voltaren gel over the wrist which helped control his pain. His medication regimen included Ibuprofen 800 mg, Prilosec 20 mg and Voltaren gel at bedtime (since at least 4-16-15). Objective findings included pain around the wrist with resisted extension and decreased grip strength. A request for Voltaren gel 3 tubes with 2 refills was received on 11-17-15. On 11-23-15, the Utilization Review physician determined Voltaren gel 3 tubes with 2 refills was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 3 tubes with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work injury October 2011 when he fell from a 10-foot ladder while working as a fruit tree pruner. He sustained bilateral wrist fractures, a nasal fracture, and dental trauma. He required external fixator placement of the wrist fractures with removal of the fixators done in December 2011. In October 2015, nasal surgery had been recommended. He was having ongoing problems with his hand. He was doing well with his current medications. He was having gastric upset when taking ibuprofen and Prilosec was prescribed. When seen in November 2015 he was continuing to use ibuprofen, Prilosec, and Voltaren gel. Physical examination findings included decreased and painful left wrist range of motion. He had decreased grip strength. Medications were continued. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen is also being prescribed. Although there is a history of gastric upset, these symptoms are being controlled with Prilosec. Prescribing two non-steroidal anti-inflammatory medications is duplicative and is not considered medically necessary.