

<b>Case Number:</b>	CM14-0129873		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 66 year old female with a reported injury of cumulative trauma to the bilateral upper extremities while performing normal job duties as a hair stylist. The injured worker began experiencing pain with numbness and tingling in hands and bilateral upper extremities beginning around 1999 and 2000. The injured worker was initially diagnosed with bilateral repetitive strain injury and provided wrist splints, Celebrex, ice, and physical therapy. Further treatment included splinting and Corticosteroid injections followed by trigger finger release and right carpal tunnel release in April of 2004 followed by a left carpal tunnel release in October of 2004. The injured worker also underwent arthroscopic debridement of the right knee in 2002; however, continued to remain symptomatic. The utilization review treatment appeal dated 08/14/14 indicated the injured worker continued to have bilateral upper extremity and bilateral knee pain with additional neck pain rated at 7/10 on VAS. The injured worker utilized bilateral wrist splints and over the counter Salon Pas patches for relief. The injured worker reported limited range of motion in the neck treated with Motrin and topical Voltaren gel. Physical examination revealed slight warmth to palpation over the left anterior knee, no swelling, pain to palpation along the joint line, and crepitus. Physical examination of the left upper extremity revealed positive Tinel's at left carpal tunnel, no sensation decrease noted, Finkelstein's negative, no swelling/atrophy/erythema noted. The documentation indicated the injured worker reported gastric upset with oral Naproxen and reported oral Motrin to be minimally effective. The injured worker utilized Voltaren gel to back, shoulder, knees, and bilateral wrists for pain and inflammation. The initial request for Voltaren 1% gel was initially non-certified on 07/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (diclofenac) Page(s): 112.

**Decision rationale:** As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. Additionally, the injured patient is applying the medication to a large part of the body; back, shoulder, knees, and bilateral wrists, increasing the risk for hepatic reaction. As such the request for Voltaren 1% Gel cannot be recommended as medically necessary at this time.