

<b>Case Number:</b>	CM15-0112756		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/25/1997
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, North Carolina  
 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 71 year old female, who sustained an industrial injury on 9-25-97. She has reported initial complaints of left upper extremity injury involving the neck, left shoulder, elbow and hand. The diagnoses have included left upper extremity repetitive strain injury, left shoulder and neck tendinitis, left wrist tendinitis, bilateral carpal tunnel syndrome and left De Quervain's tenosynovitis. Treatment to date has included medications, activity modifications, off of work, physical therapy, and other modalities. Currently, as per the physician progress note dated 5-26-15, the injured worker complains of neck, left shoulder, elbow and hand pain rated 5 to 8 out of 10 on pain scale. The current medications included Celebrex, Cosamin, Lidocaine patch, Prilosec, Thermacare, Voltaren gel, Oxycodone-Acetaminophen, Dendracin lotion, Omeprazole and Acetaminophen-Codeine. It is noted that she has severe gastrointestinal upset with Ibuprofen and Naproxen and even with taking Omeprazole she is at increased risk for fatal gastrointestinal bleeding. The physical exam reveals tenderness about the upper back and neck, neck rotation of both sides is 15 degrees, left shoulder raise is 140 degrees with stiffness, there is some discomfort with carpal tunnel compression and right grip test 5 pounds and the left was 2 pounds. The physician requested treatments included Voltaren Gel 1% date of 5-26-15 and Lidocaine pad 5% date of 5-26-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% day supply 30, QTY: 100 refills 2, RX date 5/26/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that Voltaren gel is indicated in the treatment of small joint arthritis which lends itself to topical treatment, such as the knees, ankles, feet, elbows, wrist, fingers, etc. In this case, however, arthritis has not been specifically discussed or raised as one of the operating diagnoses. The claimant does not appear to carry the diagnosis of small joint arthritis for which Voltaren gel is indicated. The records also indicate that the patient is able to perform ADLs and there has been no appreciable improvement in her condition with Voltaren gel. Therefore the request is not medically necessary or appropriate.

**Lidocaine pad 5% day supply 30, QTY: 30 refills 1 RX date 5/26/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence provided indicated a trial and failure of antidepressants or anticonvulsants. There is also a question as to whether the patient truly has neuropathic pain secondary to carpal tunnel syndrome. The patient's PCM states that the patient has "subtle" carpal tunnel syndrome, however there is no documentation of electrodiagnostic testing establishing this diagnosis. Therefore the request is not medically necessary or appropriate.