

<b>Case Number:</b>	CM15-0122030		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: 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:

The injured worker is a 63-year-old male, who sustained an industrial injury on 9/1/10. The diagnoses have included carpal tunnel syndrome, bilateral radial neuritis, shoulder impingement syndrome, tenosynovitis of the wrists, and bilateral DeQuervain's tenosynovitis. Treatment to date has included medications, activity modifications, splinting, diagnostics, injections, ice/heat and other modalities. Currently, as per the physician progress note dated 4/22/15, the injured worker complains of bilateral upper extremity pain, bilateral hand pain and numbness in digits one through three. The physician notes that the request for left upper extremity electromyography (EMG) has been denied. The injured worker continues to complain of pain and numbness, weakness and radiation of pain into the elbows and shoulders. He also reports dropping things more frequently and difficulty with fine motor strength and movement. The physical exam reveals bilateral subacromial tenderness to palpation, bilateral lateral epicondyle, scapholunate, trapezium and trapezoid tenderness bilaterally. Tinel's is positive at the bilateral wrists. There is diminished sensation in the bilateral C7 dermatomes. The current medications included Pamelor and Voltaren gel. The physician requested treatment included Voltaren 1% 30g to the affected areas of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% 30g: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 112.

**Decision rationale:** With regard to the request for Voltaren gel, the CA MTUS recommend topical NSAIDs as an option on a short-term basis of 4 to 12 weeks. This should be applied in joints that are amenable to topical treatment, such as the knees, ankles, feet, hand and wrist. In the case of this injured worker, there is documentation that the patient has been on Voltaren gel with only "slight" relief per a March 2015 progress note. Furthermore, there is not clear documentation of intolerance to oral NSAIDs, which are better supported by evidence and guidelines. Given this, this request is not medically necessary.