

<b>Case Number:</b>	CM15-0040580		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 59 year old female who sustained an industrial injury on 02/04/2010. She reported pain in the right upper extremity from the shoulder to hand, and pain in the wrist and in the third digit. The injured worker was diagnosed as having sprain of wrist not elsewhere classified, sprain of shoulder/arm not otherwise specified, sprain elbow/forearm, not elsewhere classified. Treatment to date has included ten visits of physical therapy. Currently, the injured worker continues to experience pain rated 7 on a scale of 10. She has a pain in the right middle finger, with decreased grip, decreased right shoulder strength in flexion, and patient has not been able to return to work. Patient complains of pain when lifting, stirring and repetitive motions in general when performing household chores. She has GI symptoms with oral NSIADs and reports better pain relief with the Voltaren Gel% vs. oral NSAIDs. Requested for authorization is for Voltaren Gel 1% to Apply to Elbow and Hand, QTY: 3 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% Apply to Elbow and Hand, QTY: 3 with 2 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Topical Analgesics.

**Decision rationale:** MTUS Guidelines supports the use of topical NSAIDs under specific circumstances although topical NSAIDs were fairly new when these Guidelines were adopted. ODG Guidelines have updated literature regarding reasonable use. The Guidelines support at least a trial for upper extremity inflammatory conditions, in particular if there are side effects from oral NSAIDs. The Guidelines recommend short-term use, but note that there may be long-term benefits in some individuals. With the reported problems from oral NSAIDs and the reported initial benefit from a trial of topical NSAIDs, the Voltaren Gel 1% #3 with 2 refills for the hands and elbows is consistent with Guidelines and is medically necessary. There is a significant short-term placebo effect from topical agents and on a longer-term basis, if pain relief and function is not sustained after this prescription, this can be re-reviewed.