

<b>Case Number:</b>	CM15-0068994		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/27/2006
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/12/2015

### 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: New Jersey

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 51 year old male, who sustained an industrial/work injury on 3/27/06. He reported initial complaints of right hand pain with trigger fingers. The injured worker was diagnosed as having cervical degenerative disc disease, bilateral ulnar neuropathy, repetitive strain injury of the neck and bilateral upper extremities with myofascial pain syndrome, and cervical, thoracic, and lumbar strain. Treatment to date has included medication, cervical traction, physical therapy, activity modification, and cognitive behavioral therapy for depression. Currently, the injured worker complains of pain, stiffness, and trigger fingers to the right hand. Per the primary physician's progress report (PR-2) on 3/19/15, the injured worker has been wearing a right elbow brace and finger brace to sleep in but removed, the fingers are stiff. There was also tenderness with pressure. Request was made to wear splint during day and off at night. The requested treatments include Voltaren gel and additional therapy sessions for the right hand/trigger fingers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was insufficient evidence that Voltaren gel was effective at reducing pain significantly or that it improved the worker's overall function, if it had been used previously, which was unclear in the documents provided for review. Also, there was no clear indication that the worker necessitated topical form of NSAID rather than oral, without any evidence of intolerance to oral NSAIDs. Therefore, the request for Voltaren gel will be considered not medically necessary.

**6 additional therapy sessions for the right hand/trigger fingers:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the hand is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had completed some physical therapy, reportedly. However, how many sessions completed was not listed in the notes provided. There was insufficient reporting of how effective prior therapy was on the right hand. Also, there was no evidence to suggest the worker was unable to at this point to perform home exercises equal to supervised therapy. Therefore, the request for an additional 6 sessions of physical therapy for the right hand/trigger fingers will be considered not medically necessary.

