

<b>Case Number:</b>	CM15-0074391		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

### 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 50 year old male, who sustained an industrial injury on August 17, 2011. He reported left wrist, left elbow, left hand, and left shoulder injuries. The injured worker was diagnosed as having left wrist tenosynovitis/arthritis, left medial nerve entrapment, and cervicothoracic sprain/strain. Treatment to date has included physical therapy, a home exercise program, work modifications, a transcutaneous electrical nerve stimulation (TENS) unit, ice/heat, hand injection, and medications including pain, non-steroidal anti-inflammatory, glucosamine, and topical non-steroidal anti-inflammatory. On February 4, 2015, the injured worker complains of increased left wrist pain with radiating to the left elbow and shoulder. The non-steroidal anti-inflammatory medication helps relieve symptoms. Associated symptoms include continued numbness and decreased fine motor skills. The physical exam revealed limited hand range of motion, especially extension. The left shoulder was tender in the anterior aspect. The treatment plan includes a topical non-steroidal anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren cream 1% 100gm apply as needed (prescribed 02/04/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

**Decision rationale:** The patient presents with increased pain in the left wrist that radiates to the left elbow and shoulder. The request is for VOLTAREN CREAM 1% 100GM APPLY AS NEEDED (PRESCRIBED 02/04/15). The provided RFA is dated 03/12/15 and the date of injury is 08/17/11. The diagnoses include left wrist tenosynovitis/arthritis, left medial nerve entrapment, and cervicothoracic sprain/strain. Per 02/04/15 report, physical examination of the left wrist/hand revealed tenderness to palpation. There is a decreased range of motion, especially on extension. The left shoulder has tenderness of the anterior aspect. Treatment to date has included physical therapy, home exercise program, work modifications, a TENS unit, ice/heat, hand injection, and medications including pain, non-steroidal anti-inflammatory, glucosamine, and topical non-steroidal anti-inflammatory. Current medications include Voltaren cream and Norco. The patient is working on modified duty. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Treater has not provided a reason for the request. Per provided medical report, Voltaren Gel was prescribed to the patient at least since 09/09/14. In this case, the patient presents with the indications for Voltaren Gel. However, this NSAID topical cream has diminishing effects lasting less than 4 weeks and is recommended for a short-term pain relief. The patient's utilization of the topical NSAID has exceeded short term use. Furthermore, MTUS page 60 require recording of pain and function when medications are used for chronic pain. There is no discuss or documentation that this topical is reducing pain and improving function. This request does not meet MTUS indications, therefore Voltaren gel IS NOT medically necessary.