

<b>Case Number:</b>	CM13-0014830		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/10/2008
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old female who was injured in a work-related accident on 07/10/08. Clinical records in this case for review include a 07/31/13 assessment by [REDACTED] indicating subjective complaints of lateral epicondylitis. The claimant stated that she continues to have constant aching, regarding the diagnosis, despite home exercises, medications, ice, and activity restrictions. It states that the claimant is also using topical compound creams, and an H wave unit with "some relief". Objectively, there is noted to be 3 to 125 degrees range of motion, tenderness to palpation over the lateral epicondyle and positive medial epicondylar pain. The claimant's diagnosis was that of right radial tunnel syndrome, right lateral epicondylitis, status post epicondylectomy and radial nerve decompression from February 2012. Authorization at that time was for acupuncture for the elbow as well as Celebrex and Flector patches for further treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flector patches, apply one (1) patch every twelve (12) hours to the affected area, #30, dispensed on 7/31/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 10th Edition (web), Updated 02/29/12, Pain (Chronic) - Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that the topical use of diclofenac is "indicated for relief of osteoarthritic pain in the joint that lends itself to topical treatment". While one of these joints would include the elbow, the claimant's current diagnosis is that of lateral epicondylitis. There is no current diagnosis of osteoarthritic pain noted. The role of this topical agent would thus not be supported for use at present.