

Case Number:	CM13-0024634		
Date Assigned:	11/20/2013	Date of Injury:	07/18/2010
Decision Date:	01/06/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation 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.

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 41-year-old male who reported a work-related injury to his left elbow as a result of cumulative trauma on 07/18/2010. The clinical note dated 10/01/2013 reports the patient was seen for followup under the care of [REDACTED]. The provider documents the patient presents with persistent pain about the left elbow. The provider documents the patient states things have improved and physical therapy has been helpful. The provider documents the patient utilizes Motrin, Prilosec and Voltaren gel. The provider documents the patient presents with a diagnosis of left lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 GRAM apply to left elbow 4 times a day QTY: 10 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The clinical notes fail to evidence support for the patient's chronic utilization of Voltaren gel for his pain complaints about the left elbow. The clinical notes fail to document the patient's reports of efficacy with this medication such as decrease in rate of pain on a VAS. The provider documented the patient was improving with recent supervised therapeutic interventions. Voltaren gel per California MTUS is indicated for relief of osteoarthritic pain in

joints that lend themselves to topical treatment and has not been evaluated for treatment of the spine, hip or shoulder. The patient presents with a diagnosis of lateral epicondylitis. The current requested intervention is not supported. Given all of the above, the request for Voltaren gel 1 gram apply to left elbow 4 times a day QTY: 10 tubes is not medically necessary nor appropriate.