

Case Number:	CM14-0109683		
Date Assigned:	08/01/2014	Date of Injury:	11/01/2010
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of November 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and topical agents. In a Utilization Review Report dated July 9, 2014, the claims administrator denied a request for Voltaren gel. The applicant's attorney subsequently appealed. In a June 27, 2014 progress note, the applicant reported persistent complaints of right upper extremity pain, 6/10. The applicant was using Celebrex and Voltaren. The applicant's activity level was reportedly unchanged. The applicant then stated that her medications were working well, it was stated, somewhat incongruously, in another section of the report. The applicant was described as working on a full-time basis. Tenderness was noted both about the elbow epicondyle and about the biceps groove of the shoulder. The applicant was returned to regular duty work. The attending provider reiterated that the applicant was working full-time and was able to perform activities of daily living independently, both at work and at home, including household chores. The attending provider stated that the applicant was using Voltaren gel preferentially as Celebrex was generating some dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 4, page 40.; 112, Chronic Pain Treatment Guidelines Topical Diclofenac/Topical Voltaren section Page(s): 40, 112.

Decision rationale: One of the applicant's primary pain generators here is elbow epicondylitis. The MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of topical NSAIDs for elbow epicondylitis. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, topical NSAIDs such as Voltaren gel are "recommended" in the treatment of elbow epicondylitis, as is present here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does state that topical Voltaren has not been evaluated for the treatment of the shoulder, another of the applicant's primary pain generators, in this case, the tepid MTUS position on Voltaren gel for the shoulder is outweighed by the applicant's complaints of dyspepsia with oral NSAIDs and similarly outweighed by the applicant's successful return to and/or maintenance of regular duty work status with topical Voltaren. The applicant's self reports of appropriate analgesia, improved ability to perform household chores, and successful return to work constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f with ongoing usage of Voltaren gel. Therefore, the request is medically necessary.