

<b>Case Number:</b>	CM14-0019651		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 injured worker is a 63 year old female who reported an injury of unknown mechanism on 07/23/2011. In the clinical note dated 01/13/2014, the injured worker complained of bilateral upper extremity pain. It was documented that there were no changes to pain level, location of pain or quality of life. She was noted as taking her prescribed medications with no reported side effects and working well. The prescribed medications included Voltaren 1% gel, flexeril 5 mg, Gralise ER, Neurontin 300mg, Norco 10/325, bupropion ER 150mg, and glucosamine-chondroitin liquid. The physical examination of the elbows bilaterally revealed tenderness to palpation over the lateral epicondyle and positive Tinel's sign. The right wrist had a positive Tinel's test and the left wrist had decreased range of motion and a positive Tinel's test. The examination of the hands revealed decreased sensation bilaterally. The diagnoses were documented as lateral epicondylitis, entrapment neuropathy of upper limb and carpal tunnel syndrome. The treatment plan included prescriptions refills for Neurontin 300mg 1 capsule 3 times a day, Norco 10/325mg one tablet twice daily as needed for pain and Voltaren 1% gel apply 1-2 inches to the affected area as needed #1 since it was documented as working well. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN 1% GEL APPLY 1-2 INCHES AS NEEDED #100: 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): 111-112.

**Decision rationale:** The request for Voltaren 1% gel apply 1-2 inches as needed #100 is not medically necessary. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren 1% gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity) and is recommended for short term use (4-12 weeks). The clinical note lacked documentation of failure of antidepressants and anticonvulsants. It documented that the injured was on Neurontin 300mg and that all prescribed medications were working well with no side effects. The guidelines also state that topical analgesics are recommended for short term use of 4-12 weeks, the request for Voltaren 1% gel is excessive in that it asks for #100. Therefore, the request for Voltaren 1% gel apply 1-2 inches as needed #100 is not medically necessary.