

Case Number:	CM14-0133462		
Date Assigned:	08/25/2014	Date of Injury:	02/01/2010
Decision Date:	09/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old woman who sustained a work-related injury on February 1, 2010. Subsequently, she developed neck, upper back, bilateral shoulders and right elbow pain. Based on the peer review report dated July 25, 2014, the patient was diagnosed with right elbow post-traumatic lateral epicondylitis and radial tunnel syndrome with resultant complex regional pain syndrome. According to a progress report dated July 1, 2014 the patient was complaining of aching pain in neck, upper back, bilateral shoulders, and right elbow with pain rated 7/10/. She is currently taking naproxen, using Salonpas and Voltaren gel for pain relief. She indicates her medications help her. On examination, Tinel's and Phalen's tests were positive and there is some range of motion testing. There is diffuse forearm tenderness without swelling. Sensation to pinprick is diminished in the median nerve distribution The provider requested authorization for the use of Voltaren cream and Salonpas pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren cream 100mg; apply three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS regarding Topical Analgesics (Non-steroidal antiinflammatory agents NSAIDs).

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of NSAID oral medication for the treatment of pain. Therefore, topical analgesic Voltaren cream 100 mg is not medically necessary.

Salonpas pads; apply as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS regarding Topical Analgesics (Non-steroidal antiinflammatory agents NSAIDs).

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of oral pain medications such as antidepressants. Therefore, the request is not medically necessary.