

<b>Case Number:</b>	CM14-0179230		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 injured worker is a female with date of injury on 4/1/2010. Per the new patient consultation dated 9/15/2014, the injured worker complains of upper extremity pain. She has pain in the wrist. She has aching shooting pain from the fourth and fifth finger radiating up to the elbows. She has aching pain on the inside and outside of the elbows and the forearms. She has minimal numbness and tingling, which is intermittent in the fourth and fifth fingertips. Her pain is worse with leaning on counters, with medication coming down to 3-4/10 with medication. She has most difficult time at night where she has shooting, burning pain from the fourth and fifth finger up through the elbows. She has not been tried on any medication such as Lyrica or gabapentin. She has not tried acupuncture. She has not tried anti-inflammatory gels. Her last creatinine with 1.3 and her last BUN was 26. She will be getting lab work again in October. Examination reveals tenderness in the medial and lateral epicondyle. She has tenderness in the anatomical snuffbox of each wrist. Range of motion of the wrist and elbows are full. Reflexes of the upper extremity are 3+. Strength is 5/5 bilaterally, but her grasp is decreased to 4+/5. She also has tenderness of the forearm. She has negative Tinel's at the wrist and negative Tinel's at the elbow. Sensation is intact. Diagnoses include 1) bilateral medial and lateral epicondylitis 2) forearm tendinitis 3) wrist tendinitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro request for Voltaren 1 percent gel 2 grams with 4 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for four to twelve weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments. The injured worker is not diagnosed with osteoarthritis or described as experiencing pain from osteoarthritis. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The retro request for Voltaren 1 percent gel 2 grams with 4 refills is determined to not be medically necessary.

**Retro request for Neurontin 600mg 1/2 tab #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-21.

**Decision rationale:** The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The retro request for Neurontin 600mg 1/2 tab #90 is determined to not be medically necessary.

