

Case Number:	CM14-0181712		
Date Assigned:	11/06/2014	Date of Injury:	07/29/2013
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 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:

This is a patient with a date of injury of July 29, 2013. A utilization review determination dated October 3, 2014 recommends noncertification of Voltaren gel. A progress report dated November 17, 2014 identifies subjective complaints of ongoing right upper extremity pain and weakness with pain in the elbow radiating down to the 4th and 5th fingers and numbness and tingling. She is using gabapentin and finds it helpful but is unable to take it 3 times per day. She would like to see a hand specialist to evaluate her hand/arm and has not yet seen an orthopedic physician. Physical examination findings reveal tenderness over the medial epicondyle with decreased sensation in the 3rd, 4th, and 5th fingers. She has reduced strength in the upper extremity and a weak grasp. The diagnoses include right wrist pain and weakness, medial epicondylitis, EMG diagnosis of bilateral carpal tunnel syndrome, and tendinitis of the right forearm. The treatment plan recommends an updated EMG and MRI. Additionally, continuing gabapentin is recommended. A progress note from September indicates that the patient has not tried Lyrica and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 percent gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, it is clear the patient has pain and objective findings supporting a diagnosis of epicondylitis and ulnar neuropathy. It is presumed that the patient has tried conservative treatment since the time of injury. Additionally, Gabapentin has recently been tried but was unable to be tolerated at the prescribed frequency. The use of a topical anti-inflammatory may therefore be a reasonable treatment option for short-term use. Unfortunately, the current request does not include any frequency or duration of use. The open-ended application of topical anti-inflammatory medication is not supported by guidelines. Unfortunately, there is no provision to modify the current request. As such, the requested Voltaren gel is not medically necessary.