

<b>Case Number:</b>	CM14-0038381		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee is a 43-year-old female who was being treated for chronic cervicalgia, right shoulder region arthralgia, neuropathic and radiculopathic pain following an industrial injury on September 24, 2012. The mechanism of injury was cumulative trauma while working at AT&T as a testing technician. She was seen on February 17, 2014 by the treating provider. She was noted to have left upper extremity pain. Her history was notable for diabetes mellitus and migraine and presented for initial consultation for left elbow, thumb and wrist pain. Her prior management included physical therapy, topical steroid injection and medications. Her pain was located in left elbow, thumb and wrist rated at 6/10. She was taking ibuprofen 600mg 2 tablets three times a week for pain. Her other medication was Metformin 1000 mg twice daily. Pertinent examination findings included positive left Cozen's test and Finkelstein's test along with point tenderness over medial and lateral epicondyles and anatomic snuff box. The diagnoses included left De Quervain's tenosynovitis, lateral and medial epicondylitis. The plan of care included left lateral epicondyle steroid injection, continuation of Ibuprofen 600mg twice daily orally, initiation of Voltaren gel topical, urine drug screen and left tennis elbow brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel #3:** Overturned

**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): 112.

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDS like Voltaren gel are recommended for osteoarthritis and tendinitis in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use. Voltaren gel in particular is indicated for relief of pain in joints like ankle, elbow, foot, hand, knee and wrist. The topical Voltaren gel was started to treat tendinitis and epicondylitis. Based on the medical records provided for review, the employee was being treated for De Quervain's synovitis, left lateral and medial epicondylitis. She was being treated with ibuprofen and thumb spica splint. The employee is noted to have ongoing pain. Based on MTUS Guidelines and the provided medical documentation the request for Voltaren gel # 3 is medically necessary and appropriate.

**Ibuprofen 600mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Elbow complaints, Occupational Medicine Practice guidelines Page(s): 67, 20.

**Decision rationale:** The MTUS guidelines recommends NSAIDs for treatment of acute pain or acute exacerbation of chronic pain for short periods of time due to the underlying GI risk as well as cardiovascular risk. Topical NSAIDs are preferred over oral NSAIDs for tendinitis of elbow and wrist. The employee was taking ibuprofen for a long time and there is no documentation that ibuprofen was being used for short time. Hence the request for Ibuprofen 600 mg # 60 is not medically necessary and appropriate.