

<b>Case Number:</b>	CM14-0073603		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/06/1998
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of February 6, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and an elbow epicondylar release surgery on June 18, 2014. In a Utilization Review Report dated April 29, 2014, the claims administrator denied a request for topical Voltaren gel. The claims administrator's rationale was extremely sparse and cited guidelines on usage of topical NSAIDs for arthritis as opposed to lateral epicondylitis, the operating diagnosis present here. On March 11, 2014, the applicant underwent an elbow MRI imaging which apparently demonstrated a partial thickness extensor tendon tear, suggestive of lateral epicondylitis. The applicant was working modified duty as of a January 29, 2013 office visit, in which oral Naprosyn was endorsed. On April 15, 2014, topical Voltaren gel was endorsed for the applicant's elbow epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% #10:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not address the topic of topical NSAIDs for elbow epicondylitis, the issue present here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 40, topical NSAIDs such as the Voltaren gel in question are deemed "recommended," to manage elbow complaints. In this case, the applicant's primary operating diagnosis is elbow epicondylitis. The request in question represents a first-time request for Voltaren gel for the applicant's elbow epicondylitis. This was indicated, appropriate, and supported by ACOEM. Accordingly, the request was medically necessary.