

Case Number:	CM14-0189908		
Date Assigned:	11/21/2014	Date of Injury:	03/27/2013
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 elbow and wrist pain reportedly associated with an industrial injury of March 27, 2013. In a Utilization Review Report dated October 16, 2014, the claims administrator apparently failed to approve requests for Ultram, Voltaren gel, and Flector patches. The full text of the Utilization Review Report was not, however, provided. The applicant's attorney subsequently appealed on December 2, 2014. In an October 6, 2014 progress note, the applicant reported persistent complaints of elbow and shoulder pain. The applicant had apparently sustained an elbow fracture and had been treated non-operatively for the same. The applicant was apparently working as a merchandizer at [REDACTED], despite ongoing complaints of wrist, elbow, and shoulder pain, 6/10 with medications and 9/10 without medications. The applicant was using Celebrex, Tylenol, and Protonix; it was stated in one section of the note. The applicant had a history of gastro-esophageal reflux disease and chronic knee pain status posts multiple prior knee surgeries. The applicant was given diagnosis of chronic pain syndrome, left shoulder pain, left elbow pain, history of radial head fracture, cubital tunnel syndrome, myalgias, and numbness. Shoulder imaging, MRI imaging, and a forearm strap were endorsed. Voltaren gel, Flector patches, and tramadol were endorsed for pain relief. Each of the requests seemingly represented a first-time request. Physical therapy was also sought. The applicant was returned to full-time work. It was stated that the applicant could apply the Voltaren gel and/or Flector patches to the elbow and/or shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #100g: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Voltaren gel are indicated in the treatment of tendonitis of the "knee and elbow" or other joints which are amenable to topical applications. Here, the applicant's primary pain generator is, per the requesting provider, chronic elbow pain associated either with elbow tendonitis/elbow epicondylitis versus the historical left elbow radial head fracture. Introduction of Voltaren gel was indicate to combat the applicant's persistent elbow pain complaints on or around the date in question, particularly given the reportedly incomplete response to other medications. Therefore, the request was medically necessary.

Flector 1.3% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Topical Diclofenac/Voltaren Page(s):.

Decision rationale: Flector is a derivative of topical Diclofenac/Voltaren. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Diclofenac/Voltaren/Flector is indicated in the treatment of small joint arthritis and/or tendonitis which is amenable to topical application, such as that involving the elbow, i.e., the primary pain generator here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the requesting provider has not clearly outlined why the applicant needs to use two separate topical Diclofenac/ Voltaren derivatives, namely Voltaren gel and Flector patches. Therefore, the request was not medically necessary.