

Case Number:	CM14-0193895		
Date Assigned:	12/01/2014	Date of Injury:	12/07/2004
Decision Date:	01/20/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/19/2014

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] insured who has filed a claim for chronic neck, wrist, and elbow pain reportedly associated with an industrial injury of December 7, 2004. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve requests for Voltaren gel and gabapentin. The applicant's attorney subsequently appealed. In a November 25, 2014 progress note, the applicant was given diagnosis of carpal tunnel syndrome, ulnar neuropathy, and elbow epicondylitis. Norco and Neurontin were renewed. The applicant was permanent and stationary with permanent restrictions. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The applicant was status post left and right carpal tunnel release surgeries, ulnar nerve transposition surgery, and an elbow epicondylar debridement procedure, it was noted. In a March 15, 2014 progress note, the applicant again reported persistent complaints of upper extremity, wrist, and forearm pain. The applicant complained that she was having difficulty obtaining authorization for Voltaren gel. The applicant was using Norco for pain relief. The applicant complained that she had not been able to receive authorization for Voltaren gel. Norco, Neurontin, and Voltaren were ultimately renewed. The applicant was asked to continue elbow bracing. Permanent work restrictions were renewed. On June 9, 2014, the applicant reported 6/10 elbow pain with some radiation to the forearm. The applicant stated that her pain scores were reduced by 50% to 60% with ongoing medication consumption. The applicant also stated that an elbow gel was beneficial. The applicant again stated that she had not yet received the Voltaren gel. The applicant stated that Norco and Neurontin were attenuating her pain complaints and increasing her ability to use her left hand. This was not elaborated or expounded upon, however. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in

place. In an appeal letter dated September 16, 2014, the applicant again reported ongoing complaints of chronic upper extremity and wrist pain. The applicant was using Norco at a rate of one to two tablets a day. 6/10 pain with medications was noted. The applicant had chronic left elbow pain complaints, it was stated, status post elbow epicondylar debridement surgery. The applicant also had neuropathic pain complaints, it was further noted. On August 29, 2014, the applicant stated that she had used Voltaren gel in the form of samples provided by her attending provider but had never received formal authorization for the same. Norco, Voltaren gel, and Neurontin were again endorsed for carpal tunnel syndrome, ulnar neuropathy, and elbow epicondylitis. Permanent work restrictions were renewed. On October 8, 2014, the applicant again that complained Voltaren gel had never been approved. The attending provider stated that Norco and Neurontin were generating analgesia and improvements in function but did not elaborate or expound upon the same. In an appeal letter dated November 6, 2014, the attending provider appealed previously denied gabapentin and Voltaren. The attending provider stated that he was seeking retrospective authorization for the drugs in question. The attending provider stated that the applicant was able to sleep better and do activities of daily living better with medication consumption but did not elaborate or expound further. On November 10, 2014, the applicant reported 6/10 elbow and wrist pain. The applicant stated that household chores, shaking her hand, and using her upper extremity all resulted in worsening of pain complaints. Norco and Voltaren were renewed while Neurontin was discontinued on the grounds that it had not generated any benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #1: Overturned

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

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

Decision rationale: Unlike the request for gabapentin, this request does represent what appears to be a first-time request for Voltaren gel. The bulk of the progress note, referenced above, suggests that the applicant has or had never received Voltaren gel other than small samples dispensed by the requesting provider. One of the applicant's primary operating diagnoses here is that of elbow epicondylitis status post failed elbow epicondylar debridement surgery. 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 osteoarthritis and tendonitis of the "knee and elbows or other joints that are amenable to topical treatment." Here, the applicant's residual elbow epicondylitis, thus, is amenable to topical treatment. A trial of Voltaren gel is indicated to combat the same, particularly given the failure of Norco, Neurontin, and several other treatments, including earlier elbow epicondylar release surgery and elbow corticosteroid injection therapy. Therefore, the request is medically necessary.