

<b>Case Number:</b>	CM14-0196143		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/20/2010
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 has filed a claim for elbow pain, forearm pain, hand pain, and wrist pain reportedly associated with an industrial injury of August 20, 2010. In a Utilization Review Report dated November 30, 2014, the claims administrator failed to approve request for Voltaren gel. The claims administrator stated that its decision was based on an October 8, 2014 office visit. The claims administrator stated that the attending provider had failed to outline any meaningful benefit with earlier usage of Voltaren. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported ongoing complaints of elbow pain. The applicant was working four hours a day. The attending provider stated that Voltaren gel and an elbow strap had proven beneficial here. The attending provider posited that bilateral lateral epicondylitis, left greater than right, was the primary operating diagnosis, although the attending provider stated that the applicant had ancillary issues with radial tunnel syndrome and/or medial neuropathy. Voltaren gel was sought. It was stated that the applicant was currently working four hours a day but was in the process of transitioning back to work on a full-time basis, at a rate of eight hours a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 100 g (2 bottles):** Overturned

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

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Voltaren are recommended in the treatment of small joint osteoarthritis and tendonitis in joints or regions which are amenable to topical application, such as the elbows and/or knees. In this case, the applicant's primary pain generator is, in fact, elbow epicondylitis, a region, area, and a diagnosis which is, in fact, amenable to topical application. The applicant has demonstrated a favorable response to earlier treatment as evinced by her self-reports of analgesia with ongoing Voltaren usage and as evinced by her successful return to work. Therefore, the request was medically necessary.