

<b>Case Number:</b>	CM15-0181564		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is 32 year old female who sustained an industrial injury on 8-7-13. Diagnoses are bilateral peripheral median and ulnar neuropathy, bilateral flexor tendinitis left greater than right, bilateral extensor tendinitis right greater than left, and subluxation left ulnar nerve. Previous treatment included physical therapy, medication, elbow brace, wrist brace, and left elbow surgery 5-21-15. In a progress report dated 8-6-15, the physician noted slight pain in the left medial elbow with paresthesias to the left hand, which feel improved since surgery. The right elbow is noted for pain with paresthesias to the right hand. Celebrex helps lessen the pain but had trouble getting medicine. Objective findings revealed left elbow tenderness medially, slight elbow weakness but functional range of motion, negative Tinel's and pinwheel sensation, digits intact. Work status was noted as: to remain off work until 8-12-15 and then modified work 8-13- 15 with limitations or restrictions. A request for authorization for purchase of a hot-cold therapy unit for left elbow pain and Voltaren 100mg, #30 is dated 8-17-15. The requested treatment of a purchase of a hot-cold therapy unit for left elbow pain and Voltaren 100mg, #30 was non-certified on 8-24-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Hot/Cold Therapy Unit Left Elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Elbow Complaints 2007, Section(s): Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Cold therapy is a passive therapy-involving placement of cold objects, usually an ice pack or cold producing machine-based compress, and is commonly used for control of pain and inflammation after an acute musculoskeletal injury or surgical procedure. Typically the cold is applied repeatedly for the first few days after the injury or surgery then alternated with heat packs after that. This therapy helps ameliorate the symptoms and facilitates mobility. The MTUS recommends this therapy only during the acute phase of treatment and notes that active therapies aimed at improving mobility and lessening pain have better outcomes than passive therapies. It does not differentiate which type of cold pack or compress should be used. This patient had left elbow surgery 5 months ago and is past the acute post-surgical phase. Passive therapy is not indicated unless there is acute worsening of symptoms or re-injury occurs. Medical necessity for use of cold therapy has not been established, therefore is not medically necessary.

**Voltaren 100 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Voltaren (diclofenac) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity has not been established, therefore is not medically necessary.

