

<b>Case Number:</b>	CM15-0186158		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a 67 year old male, who sustained an industrial injury on 08-30-2010. He has reported subsequent left upper extremity pain and was diagnosed with carpal tunnel syndrome, psychogenic pain and lesion of radial nerve status post left radial tunnel decompression. Treatment to date has included oral and topical pain medication and psychotherapy. Documentation shows that Voltaren gel was prescribed for application to the left elbow since at least 03-30-2015. Progress notes dated 05-28-2015, 06-23-2015 and 07-30-2015 indicate that the injured worker was benefiting from Voltaren gel but there was no further documentation as to the degree or duration of pain relief from this medication or any documentation of improved quality of life or objective functional improvement. The injured worker was also prescribed oral non-steroidal anti-inflammatory medication, anti-depressant medication and anti-epileptic medication. Documentation indicates that the injured worker tried to avoid Naproxen due to stomach upset and would trial a reduction in Gabapentin due to blurry vision. In a progress note dated 08-27-2015, the injured worker reported continued pain in the left arm at the lateral aspect of the forearm radiating proximally and distally relating to a radial nerve injury. Gabapentin was noted to reduce pain from 5 out of 10 to 2 out of 10 and the injured worker "continued to also benefit from Voltaren gel applied to the upper extremity." The degree and duration of pain relief from Voltaren gel was not documented. Objective examination findings showed limited range of motion of the left shoulder at 75 degrees and initial pain with motion of the left shoulder in abduction beginning at 75 degrees, forward flexion beginning at 90 degrees and extension beginning at 15 degrees. A request for authorization of retro Voltaren 1 percent gel #2 DOS 08-27-2015 was submitted. As per the 09-04-2015 utilization review, the request for Voltaren 1 percent gel #2 DOS 08-27-2015 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro Voltaren 1 Percent Gel #2 DOS 8/27/15:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents on 08/27/15 with pain in the lateral aspect of the forearm which radiates both proximally and distally. The patient's date of injury is 08/30/15. The request is for RETRO VOLTAREN 1 PERCENT GEL #2 DOS 8/27/15. The RFA is dated 09/01/15. Physical examination dated 08/27/15 reveals reduced range of motion and pain elicitation upon active range of motion of the joint. The remaining physical findings are unremarkable. The patient is currently prescribed Ketamine, Naproxen, Protonix, Remeron, Gabapentin, and Voltaren gel. Patient's current work status is not provided. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In regard to the use of Voltaren gel for this patient's ongoing left upper extremity complaint, the request is appropriate. This patient presents with pain in the left elbow and forearm secondary to surgical intervention and continued joint inflammation. Per RFA dated 09/01/15, the instructions for the use of this medication specify: "Apply to L elbow 4 times a day." Addressing efficacy, progress note 08/27/15 states: "He continues to also benefit from Voltaren gel applied to the upper extremity." Given the documentation of a condition/location for which the use of topical NSAIDs are considered a treatment option, and the documented efficacy when used on a peripheral joint complaint, continuation is substantiated. The request IS medically necessary.