

<b>Case Number:</b>	CM15-0205130		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 45 year old female who sustained an industrial injury on 03-05-2014. According to a progress report dated 10-08-2015, the injured worker had not been able to receive medications since 07-07-2015. She reported worsening burning pain and swelling of the lateral epicondyle area radiating down to the whole left forearm as well as wrist and fingers. The burning left arm pain had been disturbing sleep and daily activity. Treatment to date had included physical therapy and acupuncture for the left arm and steroid injection in the left elbow. Objective findings included no swelling or deformities of the left elbow. Range of motion was 0-135 degrees in flexion and extension. Tenderness to the lateral epicondyle was noted. Increased pain with resistive pronation was noted. There was no swelling or deformities of the left wrist. There was no tenderness to palpation. Tinels and Phalens was negative. Diagnoses included left elbow strain, left lateral epicondylitis, left wrist sprain strain and left elbow epicondylitis. The treatment plan included Naprosyn, Topiramate and Voltaren 1% gel and counter strap brace for left elbow pain. The medication list include Naprosyn, Topiramate and Voltaren 1% gel. Patient had received steroid injection in left elbow on 7/2/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60 with 3 refills:** 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): Anti-inflammatory medications.

**Decision rationale:** Naproxen 500mg #60 with 3 refills. Naproxen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The patient is having chronic pain and is taking Naproxen for this injury. She reported worsening burning pain and swelling of the lateral epicondyle area radiating down to the whole left forearm as well as wrist and fingers. The burning left arm pain had been disturbing sleep and daily activity. The patient had tenderness to the lateral epicondyle and increased pain with resistive pronation. Diagnoses included left elbow strain, left lateral epicondylitis, left wrist sprain strain and left elbow epicondylitis. NSAIDs like Naproxen are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. The request for Naproxen 500mg #60 with 3 refills is medically appropriate and necessary in this patient.

**Topiramate 50mg #60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Thompson Micromedex Topamax- FDA labeled indications Topiramate is an antiepileptic drug.

**Decision rationale:** Topiramate 50mg #60 with 3 refills. According to MTUS guidelines antiepileptic drugs are "Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail." She reported worsening burning pain and swelling of the lateral epicondyle area radiating down to the whole left forearm as well as wrist and fingers. The burning left arm pain had been disturbing sleep and daily activity. The patient had tenderness to the lateral epicondyle and increased pain with resistive pronation. Diagnoses included left elbow strain, left lateral epicondylitis, left wrist sprain strain and left elbow epicondylitis. Use of Topamax is medically appropriate and necessary in this patient with chronic pain. The request for Topiramate 50mg #60 with 3 refills is medically necessary and appropriate for this patient.

**Voltaren gel 1% 200g with 3 refills:** Upheld

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

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

**Decision rationale:** Voltaren gel 1% 200g with 3 refills. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. As per the cited guideline "non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Evidence of diminished effectiveness of oral medications was not specified in the records provided. Evidence of intolerance or contraindication to oral medications was not specified in the records provided. The Voltaren gel 1% 200g with 3 refills is not medically necessary for this patient.