

<b>Case Number:</b>	CM15-0206851		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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:

This is a 48-year-old female with a date of injury of June 16, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lateral epicondylitis of the right elbow and right wrist sprain. Medical records dated August 13, 2015 indicate that the injured worker complained of right elbow pain radiating to the hand with numbness of the fingers, and pain rated at a level of 2 out of 10. A progress note dated September 21, 2015 documented complaints similar to those reported on August 13, 2015. Per the treating physician (September 21, 2015), the employee was able to work full duty with no restrictions. The physical exam dated August 13, 2015 reveals pain at end of range of motion of the right elbow, pain with palpation of the dorsal extensor, normal range of motion of the elbow, mild pain over the lateral epicondyle with wrist extension against force, pain with right wrist motion, and pain with palpation of the right wrist. The progress note dated September 21, 2015 documented a physical examination that showed no changes since the examination performed on August 13, 2015. Treatment has included medications (Voltaren gel since August of 2015; Naprosyn), home exercise, physical therapy, and injections to the elbow. The utilization review (October 9, 2015) non-certified a request for Voltaren gel 1% 100gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 100grams:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren Gel (Diclofenac); Diclofenac, topical.

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

**Decision rationale:** The patient presents on 09/21/15 with right elbow pain rated 3/10, which radiates into the hand, with associated numbness in the fingers of the affected extremity. The patient's date of injury is 06/16/14. The request is for VOLTAREN GEL 1% 100 GRAMS. The RFA was not provided. Physical examination dated 09/21/15 reveals pain elicitation with motion of the right elbow, tenderness to palpation over the dorsal extensor wad, lateral epicondyle, and triceps tendon insertion point. The patient is currently prescribed Naprosyn and Sertraline. Patient is currently not working. MTUS Guidelines, Topical Analgesics section, under Non-steroidal antiinflammatory 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)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. About Voltaren gel for this patient's ongoing elbow pain, the request is appropriate. This patient presents on 09/21/15 with right elbow pain unresolved by conservative measures to date. MTUS guidelines support topical NSAIDs such as Voltaren gel for complaints of this nature. Utilization review non-certified this request on grounds that this patient has not failed first-line oral NSAIDs, and cites the increased risk profile of Diclofenac. However, the records indicate that this patient has been taking first-line oral NSAID medications long-term, with little improvement. Given this patient's chief complaint of peripheral joint pain unresolved by conservative measures, a trial of Voltaren gel is an appropriate measure. Therefore, the request IS medically necessary.